

Medical Economics

DECEMBER
1942





Such language!

My boss used to be as grumpy as a bear. He'd growl and bang around and his wife said: "Poor George, he's working too hard. It's wearing him down to a frazzle!"

So, I told her a few plain facts:

... how I'd discovered the most amazing thing ... that physicians who prescribe S-M-A* actually have more time for other things ... because it isn't necessary to change the formula throughout the entire feeding period. (She sat up at that.)

... how S-M-A eliminates many unnecessary questions that mothers usually ask about other modified milk formulas.



When I had finished, she said she would certainly speak to George about using S-M-A as a routine formula.

★ ★ ★

Just because my boss turned over a new leaf ... he wants everybody to pat him on the back for it. But he's not fooling us ... we know how he got to be such a nice man,

**BUSY
DOCTORS
TODAY—
PRESCRIBE
S-M-A!**

With the exception of Vitamin C ... S-M-A is nutritionally complete. Vitamins B₁, D and A are included in adequate proportion ... ready to feed. Their presence in S-M-A prevents the development of subclinical vitamin deficiencies ... because the infant gets all the necessary vitamins right from the start.

S-M-A has still another highly important advantage not found in other modified milk formulas. It contains a special fat that resembles breast milk fat ... resembles it chemically and physically—according to impartial laboratory tests. S-M-A fat is more readily digested and tolerated by most infants than cow's milk fat.

SMA IS EASIER
TO PREPARE. ONE
MEASURE OF POWDER
TO EACH OUNCE OF
WARM, BOILED WATER,
COMPLETES THE
FORMULA ...
TWENTY
CALORIES TO
THE OUNCE



The infant food that is
nutritionally complete

*REG. U. S. PAT. OFF.

SMA

S. M. A. Corporation
8100 McCormick Boulevard
Chicago, Illinois



S-M-A, a trade-mark of S.M.A. Corporation, for its brand of food especially prepared for infant feeding—derived from tuberculin-tested cow's milk, the fat of which is replaced by animal and vegetable fats, including biologically tested cod liver oil; with the addition

of milk sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is essentially similar to human milk in percentages of protein, fat, carbohydrate and ash, in chemical constants of the fat and physical properties.

Medical Economics

THE BUSINESS MAGAZINE OF



THE MEDICAL PROFESSION

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If they need
**IRON...
CALCIUM-**



Recommend
BRER RABBIT MILK SHAKE
It's Rich in Both!

In Brer Rabbit Milk Shake children not only get a substantial supply of iron, but they may also enjoy the healthful benefits to be derived from the proteins, calcium and vitamins contained in milk.

Brer Rabbit Milk Shake* is a fine suggestion for those who do not normally like milk, and those who do not drink enough milk. As the chart below shows, Brer Rabbit New Orleans Molasses is second only to liver as a food source of available iron.

Three tablespoons of Green Label Brer Rabbit Molasses, added daily to the diet, supply 3 mg. of available iron. Or the amount may be increased at the direction of the physician. Penick & Ford, Ltd., Inc., New Orleans, La.

*Made by adding 1 tablespoonful of Brer Rabbit Molasses to a glass of milk.

There is 1 full mg. of available iron in every tablespoonful of Green Label Brer Rabbit New Orleans Molasses



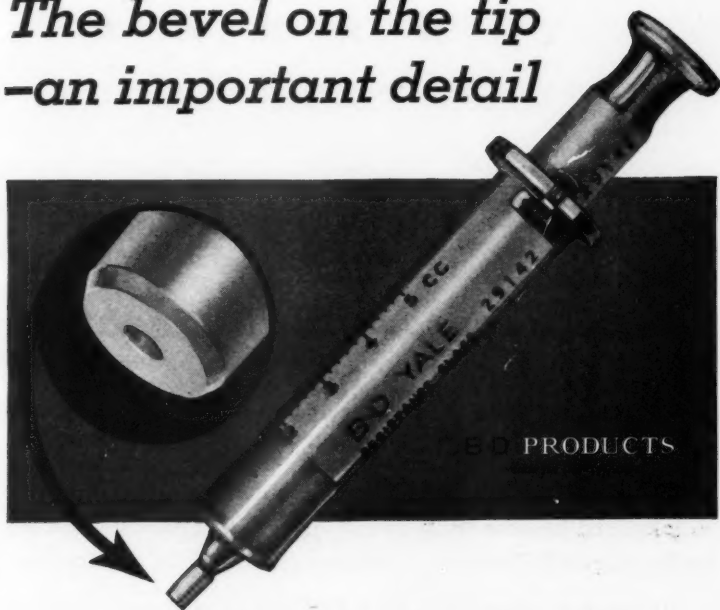
Brer Rabbit New Orleans Molasses is second only to liver as a food source of available iron

TABLE:

	Total Iron mg/100 gm	Per cent avail- ability	Available Iron mg/100 gm
MOLASSES "A"...	3.2	95	3.1
MOLASSES "B"...	3.2	85	2.7
BEEF LIVER	6.0	79	4.7
OATMEAL	2.2	96	2.1
APRICOTS (dry)	4.1	90	3.7
EGGS	3.1	100	3.1
WHEAT	2.9	67	1.9
RAISINS (Muscat)	3.0	63	1.9
PARSLEY	3.2	59	1.9
OYSTERS	3.0	72	2.2
CABBAGE	1.8	22	0.4
MUTTON	1.5	24	0.4
LETTUCE	2.0	20	0.4
SPINACH	2.0	20	0.4

Brer Rabbit Molasses—Gold Label (light, mild flavored)
Brer Rabbit Molasses—Green Label (dark, full flavored)
L. Am. J. Dis. Dig. Vol. VI No. 7 (Sept.) pp. 439-50, 1909

The bevel on the tip —an important detail



EXAMINE the tip of a B-D Syringe and you will discover the tiny bevel at the base. A manufacturing saving would be effected were we to omit this bevel. The cost to you, however, would go up because tips would chip more readily in the sterilizer and in handling, and needles might not slip on so readily and conveniently.

Ten manufacturing details combine to make B-D Syringes more satisfactory in performance and more economical in use.

B-D Syringes

YALE
OF SPECIAL
RESISTANCE GLASS

MEDICAL CENTER
OF
'PYREX'

LUER-LOK
EXTRA STRONG TIP
LOCKS WITH B-D NEEDLES

BECTON, DICKINSON & Co., RUTHERFORD, N. J.



The B Complex Therapy **FOR** **Your Difficult Patients**

Nervous irritability and a squeamish stomach are characteristic of patients suffering from B Complex deficiency.

No wonder such patients often find tablets or capsules difficult to take, and likewise rebel at the taste, odor, aftertaste and viscosity of liquid B Complex preparations derived from yeast or liver.

In marked contrast, **ESKAY'S PENTAPLEX** is entirely free from the objectionable features of liver or yeast preparations since it is compounded from five important factors* of the Vitamin B Complex *in their crystalline forms*. Pentaplex is not merely palatable, but actually pleasant to take.

It is, therefore, the preferred B Complex therapy—particularly for your difficult patients.

*Thiamine hydrochloride, riboflavin, nicotinic acid,
pyridoxine hydrochloride and pantothenic acid.




ESKAY'S PENTAPLEX

SMITH, KLINE & FRENCH LABORATORIES • PHILADELPHIA, PA.

HOW TO DRINK KNOX GELATINE

for supplementary protein

In cases where you want to supplement your patients' protein, Knox Gelatine (U.S.P.) may be of help. It can be taken very easily in concentrated drink form. 2 to 4 envelopes a day (or more, depending on the patient's needs) may be prescribed. Here is the way to drink Knox:

 <p>1. Pour 1 envelope of plain, unflavored Knox Gelatine into a glass about $\frac{1}{2}$ filled with water or fruit juice, not iced.</p>	 <p>2. Let the liquid absorb the gelatine. Then stir briskly.</p>	 <p>3. Drink immediately. If the gelatine thickens, add a little more liquid and stir again. Knox is tasteless, odorless.</p>
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THE ABOVE METHOD IS ALSO FOLLOWED IN PEPTIC ULCER CONDITIONS.

Be sure the patient does not confuse Knox Gelatine with ready-flavored gelatine dessert powders. They are about 85% sugar, 3% flavor, acid, and coloring, and only about 10% to 12% gelatine. Knox Gelatine (U.S.P.) is all protein. Among its 15 amino acids are 7 of the 10 considered "essential."

KNOX GELATINE

(U. S. P.)

is plain, unflavored
gelatine—
All protein, no sugar

—Send This Coupon for Useful Dietary Booklets—

- ☐ The Diabetic Diet ☐ Peptic Ulcer ☐ Infant Feeding
☐ The Protein Value of Plain, Unflavored Gelatine
☐ Reducing Diets and Recipes

KNOX GELATINE, Johnstown, N. Y., Dept. 448

Please send me FREE booklets for the medical profession as checked.

NAME _____

ADDRESS _____



When Occasional Lubrication Is Needed



Many physicians think of Loraga when a plain mineral oil emulsion is required to overcome occasional constipation. With good reason, too, for the action of Loraga, based on mechanical lubrication, has been found gentle, thorough, dependable. By mixing with the intestinal contents and softening the fecal mass, thorough evacuation is obtained.

Because of its exceptionally pleasant taste, physicians think particularly of Loraga in terms of their juvenile patients, but grandfather too will more readily take a laxative that tastes well.

Write for a trial supply on your letterhead, and see how pleased you will be with Loraga. Address the Department of Professional Service. Loraga is available in 16-ounce bottles.

LORAGA

PLAIN MINERAL OIL EMULSION

WILLIAM R. WARNER & CO., INC., 113 West 18th Street, New York City

HOT WHOLE GRAIN CEREAL

EXTRA RICH IN THIAMIN
Helps Doctors and Patients stay Vigorous, Strong



Remind Busy Mothers INSTANT RALSTON NEEDS NO COOKING

Stir this cereal into boiling water or milk and it's ready to serve. With Instant Ralston, the busiest woman can give her family a hot, nourishing breakfast.

Increased wartime activity calls for build-up breakfasts . . . and Instant Ralston is the answer. All the food energy of pure whole wheat—plus extra thiamin (vitamin B₁) to aid nerves, appetite, digestion.

NUTRIENTS IN 30 GRAMS OF INSTANT RALSTON

Protein.....	4.5 grams
Fat.....	.51 grams
Carbohydrates.....	21.0 grams
Iron.....	1.2 milligrams
Copper.....	.180 milligrams
Calcium.....	15.0 milligrams
Manganese.....	1.2 milligrams
Phosphorus.....	120.0 milligrams
Thiamin.....	.2 milligrams
Riboflavin.....	.03 milligrams
Niacin.....	1.2 milligrams
Calories.....	108.0

Ralston Whole Wheat Cereal is exactly the same as Instant Ralston, except it cooks in 5 minutes.



FREE! New 20-page illustrated book, "Whole Grains," Tables, Charts. Latest reports on how whole grains can be used in normal and special diets.

Ralston Research Laboratories,
Ralston Purina Co.
32 Checkerboard Square, St. Louis,
Missouri.

Please send, at no cost or obligation,
your new 20-page book.

M. D.

Street _____

City _____

State _____

Speaking Frankly

"Common Sense" Recruiting

When the wounded and sick begin streaming back and the war has gone on for some years—as it seems likely to—then, and only then, will common sense dictate the qualifications demanded of physicians who want to serve their country. Doctors will not be judged by their age or by similar factors but solely on the basis of their ability to do the work required. Those with missing back molars and punctured ear drums and bad hearts will not only be acceptable; they will be welcomed. Younger men will be drafted, regardless of family responsibilities, and older men will stay at home to handle civilian needs. When this happens, all the present confusion, talk, and more talk will be a thing of the past.

Louis Borré, M.D.
New York, N. Y.

Locust Tree Uprooted

I take issue with Dr. William Carlos Williams, whose writings were described in your September issue.

Dr. Williams says people shouldn't expect to understand all they read. Indeed, who *can* understand this "The Locust Tree in

Flower"? If we try to fill in our own words to make sense, the poem is not the work of the poet. If we read it as it stands, it is like the tree which Dr. Williams says an artist should not paint to look like a tree.

Why, then, may I ask, was the picture of the physician-poet placed at the head of the article when *true art* would substitute a baboon or a scarecrow, which of course would bear no resemblance to Dr. Williams?

I may be all wet, but I still like to understand even poetry; and I like a picture of a tree to look like a tree.

M.D., Ohio

"Treat Us All Alike"

When I read "The Doctor Under the Revised Selective Service Law" in the September issue, I could not help wondering about some very evident facts in connection with the doctor who is called into the service.

The doctor who volunteers patriotically to do draft examinations is forced to work for nothing. Other physicians are forced into service at great economic sacrifice. But the union laborer, with fewer obligations, is coaxed along

Molded on the Patient

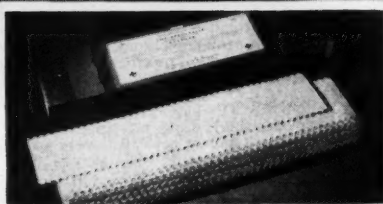
PERFECT FIT . . . COMPLETE IMMOBILIZATION



• Immobilization and support are readily accomplished with "Specialist" Splints. They are light in weight, strong enough to prevent movement, and are easily applied. Saturation is instantaneous; setting time 5 to 8 minutes. 3", 4", and 5" widths.

ORDER FROM YOUR DEALER

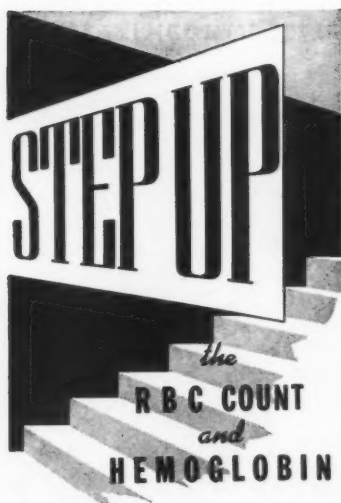
Johnson & Johnson
NEW BRUNSWICK, N. J. CHICAGO, ILL.



Hard-coated plaster-of-Paris

"Specialist"
SPLINTS





Your anemic patients will respond rapidly to VITAMIN B-COMPLEX plus LIVER plus IRON. This prescription supplies essential raw materials for red bone marrow regeneration.

HEMO-VITONIN (Vitonin with liver) provides per fluid ounce liver concentrate equivalent to 50 Gm. fresh liver, 0.42 Gm. (6- $\frac{1}{2}$ grains) colloidal iron peptonate, 218 U.S.P. units Vitamin B₁ (thiamine), 340 gammas Vitamin B₂ (riboflavin), 220 gammas Vitamin B₆ (pyridoxine), 8 mg. nicotinic acid and 1.2 mg. pantothenic acid in a very palatable vehicle containing 14% alcohol.

The recommended dose for adults is 2 teaspoonfuls three or four times a day; for children, 1 teaspoonful. Supplied in 8 ounce and gallon bottles.



BUFFINGTON'S, INC. Dept. ME-12
Worcester, Massachusetts

Please send sample of HEMO-VITONIN.

Name M.D.

Address

City State

to the great improvement of his economic status. Why should he receive a wage so unreasonably high that terrific taxes will have to be paid by us all?

I think the doctor is as important to war as the laborer. I am sure the soldier is. Why doesn't the Government treat us all alike in time of all-out war?

M.D., Pennsylvania

Indirect Compulsion

The statement is made that the army is not compelling doctors to accept commissions as medical officers. Literally, this is true. But in Iowa, at least, the medical recruiting board has told a number of doctors to apply for commissions, threatening that if they do not do so, it will request their selective service boards to reclassify them in 1-A, regardless of their family status. This certainly is a form of compulsion.

G. H. Dolmage, M.D.

Buffalo Center, Iowa

Loans for Young M.D.'s

We must find a way to encourage younger doctors to go into private practice after the war. Many internes and residents went directly into the armed forces, and have never had an opportunity to engage in practice for themselves. Perhaps small loans to help these men buy such things as office equipment after the war is the answer.

The Providence (R.I.) Medical Association is considering a plan whereby each member will donate

Faultless Equipment...

**will lighten your burden
on the civilian front**



**Lifetime
Baumanometer**
STANDARD FOR BLOODPRESSURE

While the armed services continue to draw heavily upon the ranks of professional men, there remain thousands of physicians who must assume the increased burden of protecting the health of the civilian population. Now, more than ever before, the constant serviceability of equipment is important . . . today, quality counts!

Factually, there are over 200,000 Baumanometers in use in hospitals and offices of private practitioners. Under the existing emergency, physicians cannot afford to be handicapped by using instruments that have lost their inherent accuracy. Aside from the clinical aspects, this would result in loss of time—and time is a vital factor. Accurate, trouble-free blood-pressure service is indispensable. Why not order a precision-tested, true mercury-gravity Baumanometer without delay.

Get the FACTS and you will buy a Lifetime Baumanometer

Your dealer can supply you

W. A. BAUM CO., INC. NEW YORK

ORIGINATORS AND MAKERS OF BLOODPRESSURE APPARATUS EXCLUSIVELY

Appetite in Convalescence

Digestive secretions are frequently retarded in convalescence. Where the condition permits, both appetite and the assimilation of foods may be greatly improved by the administration of Angostura Bitters (Elix. Ang. Amari Sgt.). The gentian content of Angostura effects a considerable increase in digestive secretions.

ANGOSTURA
Dr. S. G. Ang.
BITTERS
A TONIC APPETIZER
"GOOD FOR THE STOMACH"

ANGOSTURA-WUPPERMANN CORP.
304 East 45th Street, New York, N. Y.

IN CONSTIPATION SMOOTH, RELIABLE ACTION with KONDREMUL

An emulsion of mineral oil held in unusually stable dispersion by *Chondrus crispus* (Irish Moss).

No griping. Free from roughage. Mixes thoroughly with bowel contents. Leakage minimized.

KONDREMUL Plain

KONDREMUL with non-bitter Extract of Cascara

KONDREMUL with Phenolphthalein
(2.2 grs. per tablespoonful).

E. L. PATCH CO.
Boston, Mass.

at least one war bond to the association, to be deposited in a fund so that after the war, loans will be available to young doctors who desire to enter private practice. The profession must try to prevent a rush of doctors from the armed services into public health and similar work after the war, thereby setting the stage for panel groups and also for state medicine.

J. E. Farrell
Providence, R. I.

Dirt Cheap

"M.D., New Jersey" writes to you that "What gets me sore is that I have to pay \$25 a year for society dues. About \$8 goes to the local society."

Here in Los Angeles County we pay \$30 a year, of which \$15 goes to the California State Medical Association and the remainder to our local association. Fellowship in the AMA is \$8 per year extra, including the Journal. That is dirt cheap.

We are too stingy in paying for our privileges. As a comparison, the chiropractors in California this year are assessed \$100 extra a head to meet the challenge of our basic science petition. But just try to pass a \$100 assessment in the AMA to campaign against the quacks!

The correspondent who writes you that "I don't get a damn thing for the other \$17 except the State journal" should consider that without organization we would have no medical standards. Instead of

37% Stronger for Coughs

Exempt Narcotic

Each fluid ounce contains (1) one grain Codeine Alkaloid

MADE with the Codeine *Alkaloid* one grain to the ounce. It is readily verified that 1 grain of Codeine *Alkaloid* is equal in strength to 1.37 grains of the commonly used Codeine Phosphate.

A palatable, cherry-colored syrup, well tolerated by children. Contains with the codeine; ammonium chloride, ipecac, glycerine, sugar, water, flavoring and senna. An exempt narcotic. Costs little or no more than ordinary codeine syrups. Druggists stock for prescription use.

R_x

If you will try it—just once—in the coughs of pertussis, bronchitis or asthma—you will continue to prescribe it and we shall be grateful.



“Trial is Proof”

Hollings-Smith Co.

Orangeburg, N. Y.

No samples please. Government Request.

Save time and tell new mothers



There's a Davol booklet, "Baby Feeding Made Easy," to help keep O.B. patients on a sound bottle-feeding program without needless questioning. It's authoritative, of course—and reassuring to new mothers.

"How to feed Baby"



... is explained simply. In addition, this booklet describes effective ways to lengthen the life of rubber nipples. And the profession needs rubber.

We'll be glad to send you as many copies as you require. There's a coupon below for your convenience.

DAVOL

DAVOL RUBBER COMPANY
Dept. M-12, Providence, Rhode Island

Gentlemen: You may send..... copies of "Baby Feeding Made Easy" to the following address:

Name

Address

City..... State.....

some 70 good medical schools we would have, as in 1905, several hundred sub-standard schools and diploma mills. He would find himself on a hospital staff with chiros, faith healers, and fake M.D.'s.

I am glad to pay my \$38 a year for what I get in return.

Eric Lindroth, M.D.
Long Beach, Calif.

Private Dispensary

Rather than write out prescriptions, I prefer to dispense the more common drugs and medicaments myself. The patient is then more likely to regard the medicine I give him as especially designed for his use. By carefully regulating the amount I give him, I can be sure that he will return when the supply is exhausted. This plan also has the advantage that the patient cannot know the ingredients in a medicine, and therefore cannot discuss it with others. Moreover, the patient cannot take the medicine indefinitely, as he could by having a prescription refilled.

Ursula G. Mandell, M.D.
Los Angeles, Calif.

"What's In It for Me?"

A young doctor friend told me: "I can't see why I should apply for a commission. What did you get out of your service in the first World War?" I replied: "Not much, except the satisfaction of doing my bit. If you youngsters have the idea that this war is a big postgraduate course, you had better guess again." [Cont. p. 126]



The Life Saver that was waiting in Honolulu, Dec. 7, 1941

● There was one instrument in all the world . . . the only one of its kind . . . that could locate *immediately*, bullets, shrapnel and metal fragments lodged in a human body. It was the Berman Locator.

Destiny placed it in a Honolulu hospital on December 7, 1941, where it helped a small group of doctors to perform the amazing feat of treating 960 casualties before nightfall!

This is only one example of the many ways that electrical indicating instruments are helping our fighting men.

Today, we at Gruen are proud to turn our 68 years' experience with *Precision** watches to the job of making vitally needed precision parts for instruments of this type.

As a result, you may be unable to obtain the *particular* Gruen watch you want.

But remember . . . the valiant lads now fighting for their country deserve the best we can give them, including the sure skill that may save them in their hour of need!



**BUY A GRUEN WATCH . . . BUT
BUY A WAR BOND FIRST**

GRUEN . . . MAKERS OF THE PRECISION* WATCH . . . AND PRECISION INSTRUMENTS FOR WAR

*REGISTERED TRADE MARK. COPYRIGHT 1942. THE GRUEN WATCH COMPANY.

To help put your patients



Each fluid ounce of TROPHONINE X contains:

Thiamin Hydrochloride (vitamin B ₁)	5 mg.
Riboflavin (vitamin B ₂)	2 mg.
Niacinamide	10 mg.
Calcium Pantothenate	1.5 mg.
Pyridoxine Hydrochloride (vitamin B ₆)	0.75 mg.
Carbohydrates (dextrin, dextrose, lactose, maltose and sucrose)	4 mg.
Amino acids and other hydrolyzed protein derivatives	1.6 mg.
Alcohol (as a fine wine) by volume	19.5 %
Colored with caramel and agreeably flavored.	

Dosage: For adults, 2 to 4 tablespoonfuls daily, as directed by physician. (Two tablespoonfuls of Trophonine X contain the minimum daily requirement of riboflavin, and the recommended daily requirement of niacinamide. Two tablespoonfuls also contain more than the minimum daily requirement of thiamin.)

Available: in 12 oz. and 1 gal. bottles.

AMIN

VITA

CARB

ALS

ants "on top of the world" —
—A NEW, PALATABLE
HIGHLY NUTRITIOUS FOOD SUPPLEMENT

TROPHONINE X

Fatigue, nervousness and irritability are characteristic symptoms of patients who feel "below par", and are not infrequently the result of deficiencies of important accessory food substances, especially factors of the vitamin B complex, amino acids and carbohydrates. Deficiency of these substances is so prevalent that Trophonine X should be considered not only for invalids and convalescents, but also as an aid in restoring every patient to normal health and well being.

AMINO ACIDS: Trophonine X is a rich source of amino acids and other hydrolyzed protein derivatives required for the synthesis of body proteins. The quality as well as the quantity of food proteins is important, as the dietetically indispensable amino acids cannot be produced by the body. Without an adequate supply of "essential" and other amino acids, all of which are found in Trophonine X, the normal metabolic and physiologic processes of the body are retarded, and health and well being impaired.

VITAMIN B COMPLEX: The essential nutritive factors of the vitamin B complex in Trophonine X stimulate appetite and promote growth and cellular metabolism. Syndromes characteristic of deficiencies of these factors occur in "run down" and convalescent patients and invite the administration of Trophonine X.

CARBOHYDRATES: Trophonine X contains the energizing carbohydrates — dextrin, dextrose, lactose, maltose and sucrose, which aid in maintaining bodily warmth and energy for muscular effort.

Indications: Trophonine X may be prescribed wherever a palatable, highly nutritious and easily assimilable source of supplementary carbohydrates, amino acids and the essential factors of the vitamin B complex is indicated. Aids in restoring debilitated and "run down" patients to normal health and well being. Valuable when the diet has been restricted through economic considerations, over-refining of foods, or gastronomic preferences; and in febrile conditions, old age, and during convalescence from acute diseases and operations, especially when solid food is interdicted or deglutition difficult.

REED & CARNRICK. JERSEY CITY, N. J.

ALSO AVAILABLE:

TROPHONINE: Identical with Trophonine X, except that vitamin B complex factors are not included. Contains amino acids and other hydrolyzed protein derivatives (5%), and the carbohydrates lactose, dextrose, dextrin, maltose, and sucrose (12%), with alcohol in the form of a fine wine (19.5%).

ARGYROL

SAFE EVEN IN THE CAVITIES



Effective Antisepsis without Toxicity: Decongestion without Vasoconstriction.

The fact that ARGYROL has been employed repeatedly in the sinuses, the renal pelvis, and the bladder with good effect, and always without undesirable toxic effects, is evidence of its complete freedom from systemic toxicity. But ARGYROL also has many other advantages which make it truly "the mucous membrane antiseptic of choice."

NO CILIARY INJURY. The "ciliary sweep" is a vital factor in throwing off upper respiratory infections. ARGYROL, despite its protective consistency, does not injure ciliary action.

DECONGESTION WITHOUT VASOCONSTRICTION. It is a common observation that the continued use of vasoconstrictors may lead

to soggy and loss of tissue resiliency. ARGYROL lessens turgescence but induces no powerful artificial vasoconstriction.

UNIQUE PHYSICAL PROPERTIES. ARGYROL is more than just a chemical germ-killer. Its mechanical action is detergent and pus-dislodging. It is demulcent, soothing and inflammation-dispelling. It effects a "physiological washing of the mucous surface."

The hydrogen ion concentration and silver ion concentration of ARGYROL solutions are carefully and properly regulated, so that solutions of ARGYROL in any strength from 1% to 50% are equally bland and non-irritating.

A. C. BARNES COMPANY, NEW BRUNSWICK, N. J.

ANTISEPTIC EFFICIENCY PLUS

1. SOOTHING AND INFLAMMATION-DISPELLING PROPERTIES
2. NO CILIARY INJURY—NO TISSUE IRRITATION
3. NO SYSTEMIC TOXICITY
4. NO PULMONARY COMPLICATIONS
5. DECONGESTION WITHOUT VASOCONSTRICTION

SPECIFY THE ORIGINAL ARGYROL PACKAGE



Sidelights

No one can be blamed these days for becoming confused over the rapidly growing galaxy of war agencies, and their relationship to one another. Of most immediate concern to physicians is the Procurement and Assignment Service, which is under the jurisdiction of the War Manpower Commission (headed by Paul V. McNutt). The commission, in turn, is a branch of the Office for Emergency Management. Not a war agency, but increasingly active because of the war, is the U.S. Public Health Service, which functions under the Federal Security Agency, also headed by McNutt.



Medical corps reserve officers, in this war as in the last, aren't getting the break they deserve. For some reason newly-commissioned men are often offered higher ranks than those who have been in the reserve for years. MEDICAL ECONOMICS has received a number of letters like this one:

"I have been in the medical reserve for 20 years. A classmate of mine has been in for more than 14 years. We are still captains, while all our recently commissioned classmates are majors. Why? Is it

merely a matter of bargaining ability?"

Another writer says that ten years ago older physicians told him that in the event of war he would receive a higher rank if he stayed out of the reserve. "I didn't believe it then," he writes, "but now when I see men taken from general practice and made majors, while their colleagues in the reserve enter at lower ranks, I realize my friends were correct."

Explanations from Washington are not satisfactory. For example: the navy's Bureau of Medicine and Surgery says it is doing its utmost to be fair in questions dealing with promotions. The navy advises officers who feel they deserve higher rank to take the matter up with their senior medical officers, or to outline the facts in writing to the bureau.

Army and navy chiefs not infrequently become irked when the issue of promotions is brought up. "There's a war to be won," they retort, dismissing the problem without a solution.

It is self-evident that the armed services are not discriminating by choice against the men who were interested enough before the war to volunteer for duty. The fact that

discrimination exists may be a result of the fact that the machinery of democracy, despite its preponderant advantages, sometimes moves slowly and clumsily. Situations of the type discussed here will probably be resolved only when the whole question of manpower is under better control.



Good clinical records are of direct benefit to the man who makes them. They tend to train him in accuracy and clarify his thinking. And it is our manner of thinking that determines the soundness of our conclusions.

A governor of Michigan when discussing his method of dealing with the legislature used to say, "Put the cusses on record." He knew well that many questionable acts and many weasel words could be scotched by a written record.

When the doctor appears in court without a written record to refresh his memory he is duck soup for the skilled examiner. He will almost certainly be shown to be a muddy thinker, unreliable in his statements, and careless in his pro-

cedures. This is notably true in malpractice and workmen's compensation cases. Even worse than no history at all is a carelessly written one—especially if the attorney has wit enough to secure an expert analysis of it.

A good clinical record is free of verbosity. It points clearly to the diagnosis made, justifies whatever therapeutic measures have been taken, sets forth definitely the procedures followed, pictures the progress of the patient, and records the result. Only essentials bearing on the case at hand are included.

In any art it is practice that teaches both skill and short cuts. The experienced history writer soon develops a telegraphic diction and abbreviations which are readily understood and save a large amount of manual labor.

With a good clinical record available, the doctor is adequately armed if any of his procedures are called in question. What's more, he has contributed his share to the progress of his profession and helped make himself a better practitioner.

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A Serious Problem In Industrial Efficiency. How Many Physicians Meet It

Handling these cases of weak and fallen arches is now simplified for the Physician. A simple prescription, calling for Dr. Scholl's Arch Supports for relief from tired, aching feet, excessive fatigue or rheumatoid-like foot and leg pains, suffices to insure proper fitting. Dr. Scholl's Arch Supports are available at Surgical, Shoe, Department Stores and Dr. Scholl's Foot Comfort Shops. Expertly fitted by attendants trained in Dr. Scholl's scientific methods.

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STOPS HEMORRHOIDAL PAINS WITHIN 5 MINUTES



The medical profession during the past ten years has prescribed RECTAL MEDICONE with ever-increasing confidence and approval. Clinical experience in many hundred thousand cases proves that RECTAL MEDICONE stops hemorrhoidal pain within 5 minutes.

Its action is not limited to palliation alone. The prolonged anal anesthesia induced by the suppository breaks the vicious circle of intense pain and inflammatory reaction, so that—under regulation of the patient's mode of life—bleeding ceases and engorged veins retrogress. A state of quiescence which favors healing frequently ensues.

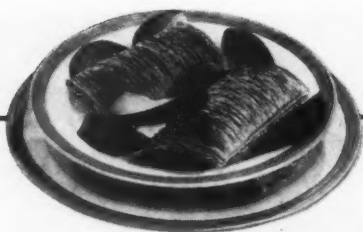
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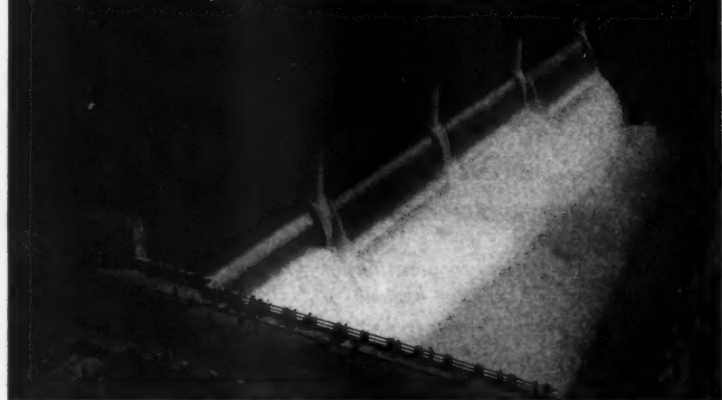
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In recommending this ideal whole grain food, it is well to specify the full name—Nabisco Shredded Wheat, the original Niagara Falls product.



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Sal Hepatica plus water, taken as suggested, creates temporarily unabsorbable liquid bulk in the costive bowel . . . for gentle stimulation of peristalsis, smooth flushing and lubrication, and improvement of water balance. It's a modern method for prompt and thorough removal of alimentary waste. The promotion of bile flow by Sal Hepatica, and its aid in relief from simple gastric distress, also deserve consideration.

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NICOTINE

and the stress of daily living



A bid for closer patient cooperation in adjustments of smoking hygiene

THE pace of modern life leaves its mark on many individuals. Symptoms, though remote, sub-clinical, may be of interest to the physician, perhaps in connection with nicotine intake.* Obviously, the exploration of this potential requires the patient's close cooperation.

In this situation there is an advantage to you in advising slow-burning Camel cigarettes. Millions have changed to Camels for their superior mildness and flavor—the famous Camel “pleasure factor.”

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*J.A.M.A., 93:1110—October 12, 1929

Brückner, H. — *Die Biochemie des Tabaks*, 1936

The Military Surgeon, Vol. 89, No. 1, p. 5, July, 1941

“THE CIGARETTE, THE SOLDIER, AND THE PHYSICIAN,” *The Military Surgeon*, July, 1941. Reprint available. Write Camel Cigarettes, Medical Relations Division, 1 Pershing Square, New York City.



Camel

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DOCTOR,
YOU LOOK

Tired



AND SMALL WONDER... with so many colleagues out of civilian practice, the pace grows terrific. Ever-jangling telephone... calls piling on calls... sleep snatched when you can... and meals hastily eaten or missed.

Proper sleep and rest may be difficult to obtain. But you can make certain of more adequate nutrition through regular use of VI-SYNERAL as a supplement.

VI-SYNERAL'S NEWLY INCREASED POTENCIES assure a higher vitamin-mineral intake...

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As our contribution to help you meet the added strain of these times, we will send you a complimentary package of VI-SYNERAL upon request.

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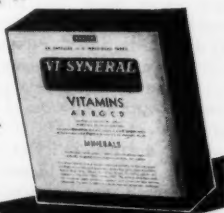
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THE Army-Navy "E" Flag, with two stars added, signifies continuous achievement in Production for Victory. This is the fourth in a series of "E" awards received by Bausch & Lomb and its employees since the summer of 1941.

Crown Jewel for Victory

THIS is a chunk of optical glass. It has been broken out of a porcelain pot which came from the furnaces of the Bausch & Lomb Glass Plant.

It may be destined for use in binoculars—the long-range eyes of Army and Navy. It may be one of the types of glass that comprise the optical system of a medical research microscope. Or it may go into service as a range-finder prism, finished to accuracy limits of one second of arc, an error so small that it amounts to only one foot in 39 miles.

Fathered by William Bausch, the B&L Glass Plant was born in 1914. Under impetus of glass shortages in the first World

War, it grew to full manhood. Research and development have continued without interruption since, so that today America need not look beyond her own borders for a supply of this essential war material.

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SAFE FOR HOME USE
in relieving throat distress due
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*Request a trial supply for
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BY WHAT STANDARDS SHOULD A MULTI-VITAMIN PRODUCT BE JUDGED?

1 *"It should bear a relationship to the normal daily requirements,"*

—say the Council on Pharmacy and Chemistry and the Council on Foods and Nutrition*

Here are the minimum daily requirements these Councils recognize

Compare the Vimms formula (3 Vimms) on all 6 vitamins

VITAMIN		AND IN ADDITION, VIMMS SUPPLY: Calcium 375 mgs. Phosphorus 250 mgs. Iron 10 mgs.
4,000 USP Units	A	
1 milligram	B₁	
2 milligrams	B₂	
600 USP Units	C	
400 USP Units	D	
10 milligrams	P-P	
(NIACIN AMIDE)		

*Jour. of the A.M.A., July 18, 1942; pp. 948-9

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AND VIMMS were scientifically designed to make up the difference between actual vitamin-mineral intake, as revealed by Govern-

—say nutritional scientists ment studies,** and optimal, as recommended by the Food and Nutrition Board of the National Research Council.

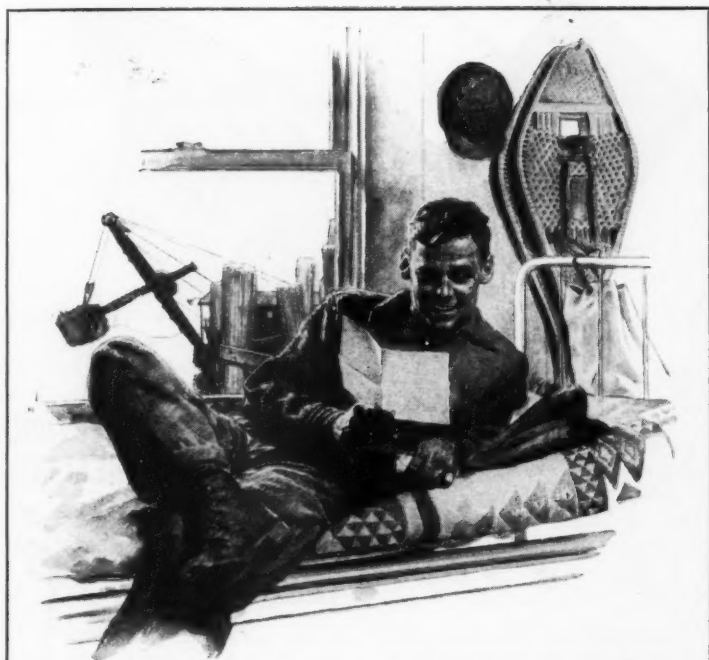
**U. S. Dep't of Agriculture Circular No. 507, June, 1940.

FOR YOUR PATIENTS, Vimms offer the further advantages of a palatable tablet (pleasant to chew, easy to swallow) and a low price (50¢ for 24 tablets, \$1.75 for 96 tablets).

If you wish clinical samples of Vimms, write to Lever Brothers Company, Dept. MM-5, Pharmaceutical Division, Cambridge, Mass.



Vimms
6 vitamins
3 minerals
in each tasty tablet



MORALE IS A LOT OF LITTLE THINGS

(as you, Doctor, know better than most)

THERE'S BILL reading *that letter* again. What's in it? Well—"Katie's birthday . . . Dad's golf score...the game tomorrow..."

Not important, except to Bill.

But it's important to him all right—the way a lot of little things are to all of us. Letters from home . . . old friends . . . the pipe we smoke. Little things that help to keep *morale* up!

* * *

It happens that millions of Americans attach a special value

to their right to enjoy a refreshing glass of beer . . . as a beverage of moderation after a good day's work.

A small thing, surely. And yet—*morale* is a lot of little things like this. Little things that help to lift the spirit—that keep up the courage.

And, after all, aren't they among the things we fight for?





Allantomide

(GREASELESS BASE)

The special value of Allantomide for the physician and surgeon lies in its double action. Allantomide (U. S. Patent No. 2,124,295) is a combination of Allantoin ointment 2% with sulfanilamide 10% in a greaseless base which frees both active ingredients.

The use of pure sulfanilamide, while it inhibits infection, also retards healing.* Therefore, when infection has been brought under control with sulfanilamide powder, the substitution of Allantomide is suggested. Clinical reports show that its sulfa-

nilamide content controls infection without injuring new epithelial cells. The Allantoin ointment promotes healing by increasing the vascularity of granulation tissue.

Allantomide is recommended for the treatment of wounds, scalds, burns, ulcers, localized abscesses, and in preparing areas for skin grafts. You are invited to address our Medical Division for information.

**Veal, J. R., and Klepser, R. G., "Local Sulfanilamide Therapy in Surgical Infections"; Surgery 10 947 (Dec.) 1941.*

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one-ounce tubes and
in four-ounce, one-
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Editorial

Let's Have the Facts!

Several comprehensive and valuable studies of medical manpower have so far been completed. Numbered among these have been

1. The questionnaires sponsored by the AMA and the Procurement and Assignment Service;

2. The newer P&AS surveys of medical-service shortages;

3. The reconnaissance surveys of 380 war-production areas by the U.S. Public Health Service.

When these and other assessments of our medical resources were made, the cooperation of physicians was eagerly sought and cheerfully given. But so far, doctors haven't had much chance to share in the findings.

Government officials assert that information brought to light by these studies would be of value to the enemy. It must therefore be kept mum.

Every physician will agree that a few facts should indeed be withheld. The point is that many findings obtained are of no interest whatever to the enemy, but are of considerable value to the medical profession.

Take just one example: Until recently, officials were wholly reluctant to report how many physicians had volunteered to serve for the duration in civilian communities other than their own. Although the figure was of no military significance and although it could have been useful in local planning for voluntary relocation, it was kept out of circulation.

The result of official fact-hoarding has been gross confusion. Nor are physicians alone affected. The confusion has been equally apparent among lawmakers who are now being called upon to draft legislation of crucial importance to the public and the profession.

The administration's alleged preference for solving manpower problems by voluntary action rather than by compulsion has sometimes been suspect. Under the circumstances, it would seem elementary logic to release the findings of the fact-gathering agencies concerned; for without this knowledge the voluntary approach must certainly be jeopardized.

—H. SHERIDAN BAKETEL, M.D.

Physician Shortage Becomes Issue on Capitol Hill

*Alarmed by epidemic hazard,
Congressmen demand action*



Declaring that "haphazard recruiting of doctors for the armed services has led us to a dangerous emergency," the Senate Subcommittee on Manpower insists upon "speedy action to prevent immediate peril to the health of the nation."

Under the chairmanship of Senator Claude Pepper (D., Fla.), the subcommittee has directed its fire at three things:

"1. A disjointed procurement policy in the military services, under which military units compete for the limited supply of doctors available for wartime America. This has resulted in hoarding and freezing unused doctors in the American armed forces in a ratio double that of the British.

"2. Serious dislocation of medical manpower throughout the nation because the ill-supplied rural areas are contributing twice and sometimes four times the proportion of doctors coming from urban areas. This uneven procurement threatens doctor famines in vast rural areas, with the probability of a general epidemic similar to the influenza conditions of 1918.

"3. A tremendous, unnecessary over-militarization of the doctor supply at the expense of the civilian population. Possibly this has been based on an inaccurate estimate of the number of doctors needed for a thousand soldiers and because in early 1942 the authorities responsible for obtaining doctors thought they were immediately required to produce a medical organization for a 13,000,000-man army."

The Senate subcommittee on manpower considers these conditions "so acute and dangerous" that it has urged the taking of the following steps "at the earliest possible moment":

"The President, as Commander-in-Chief, should order a survey to be made of over-supply and under-supply of medical personnel for both the armed forces and civilian needs. A re-allocation should be made wherever it is determined an over- or under-supply exists. Instruction should be given to the War Manpower Commission to cease its procurement drive for doctors in all States where quotas have already been attained."

The subcommittee adds that "Certain States such as South Carolina and Oklahoma have produced from three to four times as many doctors for the armed services (in proportion to peacetime supplies) as States such as New York and Illinois. To permit patriotism to strip rural areas and small cities of doctors in this haphazard manner is to invite epidemic, disease, and death. It is high time we put an end to the foolish and dangerous methods now employed to recruit doctors."

Sharply criticized by the Pepper subcommittee is the current dearth of medical manpower facts. "There exists today," it says, "no adequate, overall, up-to-date picture of the manpower resources of this country or the use now being made of them in industry, agriculture, essential civilian services, or the armed forces. Present policies for induction into the armed services are disrupting the war production program in industry and agriculture. Inducting a great volume of medical men into the armed forces and the lack of any adequate information on the military and civilian needs for medical service provide a dramatic example of the first two points."

The subcommittee proposes that "the allocation of doctors as between our armed forces and civilian use be made immediately on a nationwide basis. This experience can serve as a guide to the proper method of handling the nation's entire manpower resources."

It is the subcommittee's opinion that "an over-all civilian authority should be established at once to supervise and control the drafting and recruiting of doctors. Until this authority is actively functioning no recruiting of doctors for the armed services should be permitted."

The subcommittee believes that the civilian authority it recommends "should immediately conduct a census of all doctors, both those already serving in the armed forces and those still in civilian life. This census should include a study of the distribution of physicians in civilian communities so that we may know at once what are the minimum needs of each area for medical care and whether those needs are now fully met."

"The combination of draft and recruiting-team activity," says the subcommittee, "has removed in certain Southern States nearly 200 per cent of their quota [of doctors for the army and navy], while in certain Northern States less than 50 per cent of the quota has been inducted. In some counties in the Southern States, hitherto fairly well supplied with physicians, there is now only one doctor for 7,000 individuals. It would appear that the nation has been fortunate to have avoided serious local or even national epidemics to date."

Capitol Hill criticisms of medical procurement methods is heard not only in the Senate. Members of the House of Representatives
[Turn the page]

have also been having their say. The House committee on national defense migration—Representative Tolan (D., Calif.), chairman—charges that “recruitment of doctors for the armed services is a case of the failure to plan an orderly withdrawal of manpower. . . In many cases when commissions were refused, the aid of selective service boards has been invoked, threatening induction as an alternative. . . The army has dipped back into third- and fourth-year medical students, and the navy, going it one better, has drawn reserves from freshmen and sophomores. . . State offices of the Procurement and Assignment Service have in some cases themselves resorted to undue pressure to force doctors into military service.”

Another critic of the medical procurement program is Charles P. Taft, assistant director of the Office of Defense Health and Welfare Services. “We are approaching a point,” Mr. Taft told a public health gathering last month, “where the army will have to work out a system under which its tables of organization will not actually be filled until its units approach front-line action that requires that number of doctors. The armed services cannot themselves afford the serious depletion of manpower in production, and of morale on the home front, created inevitably by the lack of at least minimum medical services. We cannot afford another 1918 flu epidemic.”

From the Procurement and Assignment Service lately have come figures showing the disproportionate medical recruiting rates in the various States. Two extremes are New York and Alabama. Before Pearl Harbor, P&AS records show, New York had one physician for every 636 people; Alabama had one for every 2,022. By Sept. 1, 1942 the following change had taken place:

New York had recruited only 64 per cent of its 1942 quota of doctors for the service; therefore, it still had one physician for every 855 people. Alabama, during the same period, had exceeded its quota by 79 per cent, leaving only one doctor for every 2,705 people. In some Alabama counties the physician-population ratio had dropped as low as 1:7,000. A number of communities—Mobile was a conspicuous example—were pressing the procurement service to protect them from further losses of doctors and to furnish replacements.

Even though many Alabama districts had *never* been adequately manned with physicians, the new figures were believed officially to reveal a truly dangerous situation. And Alabama wasn't the heaviest proportional contributor of physicians to the armed forces: Its 179 per cent recruitment as of Sept. 1 was exceeded by Louisiana with 196 per cent and by New Mexico with 205 per cent.

With such statistics confronting

[Continued on page 96]

Californians Pay a Lump Sum for Rent and Medical Care

*Marin City plan a boon to war industry,
says California Physicians' Service*



One of the most serious problems confronting the profession today—the shortage of physicians for the civilian and industrial population—is being tackled on the West Coast by the California Physicians' Service. With the approval of the California State Medical Association, a plan is being put into effect in the war production community of Marin City, whereby its 7,000 inhabitants will pay for medical care with their rent.

A word first about Marin City:

To meet the housing shortage created by the construction of a giant new shipyard near Sausalito, on the north side of the Golden Gate from San Francisco, Marin City was planned from scratch under the sponsorship of the Federal Public Housing Authority. Now partly completed and occupied, the project is expected to have its full quota of tenants by the first of February, including single men's quarters, two-person apartments, and family-size duplex homes. In addition to living quarters, Marin City will provide recreational facilities, community halls, nursery schools, a library, church, medical

service, and a modern infirmary.

The medical service plan is probably the community's most sensational feature. It was worked out by the Marin County Housing Authority and the California Physicians' Service, and is covered by a contract between the two. Under this contract, the CPS is entirely responsible for the health and medical care of the community. It furnishes both the infirmary and the necessary physicians and nurses.

Marin City is being built where nothing existed before. The little community is several miles from the nearest town, Sausalito, and many more miles from other surrounding population centers. Except for the physicians already practicing in those centers, there was originally no source of medical care for the great new community of war workers brought to the region by the construction of the Marin shipyards, which is drawing some 40,000 workers (many with families) to these parts.

Now, however, the CPS has un-

[Continued on page 120]



Instruments and Equipment Are Becoming Harder to Obtain

*Even with priorities, manufacturers
cannot get enough raw materials*



Surgical instruments and physicians' equipment of almost all kinds are scarce. A year from now they are going to be still scarcer. Although medical men will be able during coming months to purchase most items necessary to their practices (except new x-ray machines and microscopes), they will have to be content with a narrow-

er choice of models, and with some apparatus constructed of substitute materials. They may also have to wait a long time for delivery.

As one manufacturer of surgical instruments and equipment puts it: "We have priorities on raw materials for civilian use—which is not the case in most other industries. This means that hospitals

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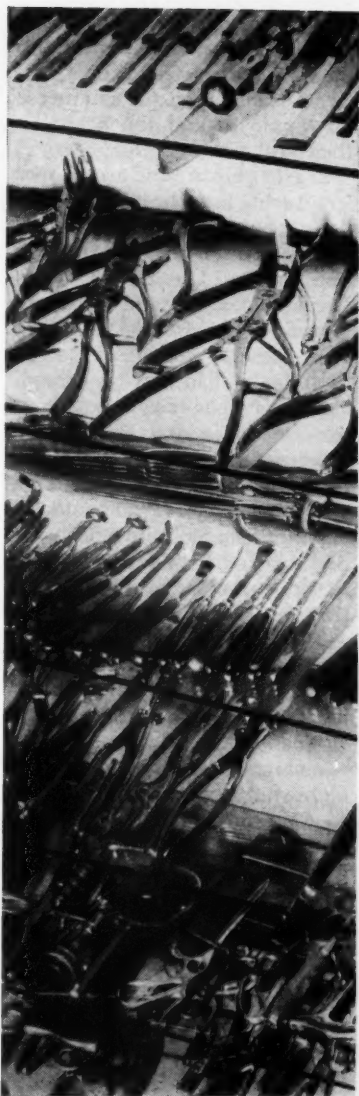
and physicians will continue to get some of the things they require and will not be shut off altogether. The thing to remember, however, is that even priorities do not guarantee a manufacturer all the materials he needs because there simply are not enough to go around."

Shortages in these fields are different from those existing in the drug and pharmaceutical industries. As reported in last month's issue, drug shortages were for the most part of a temporary nature, and are being overcome by new production and the rapid development of substitutes.

On the other hand, shortages of surgical instruments, equipment, and professional furniture, are just beginning to be felt. Dealers' stocks are being depleted rapidly, and when the supply on hand is exhausted, certain types will be unobtainable. Until the war is over, new production of a good many items will be limited to only a few models.

Four chief factors have led to the development of wartime shortages:

1. Local draft boards have not always been cooperative with manufacturers of instruments whose production requires highly skilled labor. Many surgical instruments (e.g., syringes and thermometers) are manufactured largely by hand. It takes years to train workers. If veteran employees are inducted into the armed services, manufacturers are forced to train novices,



Ewing Galloway

which means that production is slowed down. The number of instruments a manufacturer can turn out is obviously dependent to a large extent upon the number of his employes and the degree of their skill.

2. Not only are the armed services buying more heavily than ever before, but so, too, are such agencies as the Veterans Administration, the Red Cross, the Office of Civilian Defense, and the Lend-Lease Administration. Demands from these sources far offset the drop in civilian buying brought about by the commissioning of medical officers. In fact, purchases by non-military organizations alone more than offset the decline in civilian buying. Many manufacturers are swamped with priority orders which they find difficult to fill, let alone produce for civilian physicians as well.

3. Shortages of vital raw materials, especially steel and other metals used in war production, are hampering the manufacture of instruments and equipment. One manufacturer reports that he must often wait from 60 to 120 days for steel. If he runs short, he must simply mark time until he can get delivery of new metal.

4. When World War II broke out, all imports were naturally discontinued. Yet in the years preceding the war, the United States had imported as high as 80 per cent of the surgical instruments it used from Germany. In addition, of course, it also imported

quantities of raw materials, such as rubber. The loss of these sources of both manufactured products and raw materials naturally intensifies the present shortage problem. (Makers of physicians' equipment have received high priority ratings for the purchase of rubber, but they still have to get along with restricted supplies. In October, they were getting only 75 per cent of their normal requirements.)

Dr. Joseph W. Mountin, assistant surgeon general of the U.S. Public Health Service, speaking recently before the Medical Society of the District of Columbia, sounded this warning:

"No longer will every physician who chooses to do so be able to buy an x-ray unit, a diathermy machine, or even some of the more simple instruments in general use. There are many x-ray units and basal metabolism and electrocardiograph machines in use only about 10 per cent of the time. Moreover, there is a great store of equipment standing idle in the offices of physicians who have gone into military service. It is possible that requisitioning of such equipment may be resorted to."

If shortages become acute, this is indeed a possibility. But today, at least, physicians can purchase most items, with two conspicuous exceptions. The War Production Board has ruled that dealers may not sell doctors new x-ray machines or new microscopes, al-

[Continued on page 116]

Your Legal Questions Answered

*Collection liability, photographs, partners,
refused treatment, and other answers*



Some collection agencies operate by offering bills for sale in a local newspaper. Is this method legal? If a doctor turned some accounts over to such an agency, could debtors sue him for damages arising from the publicity?

Advertising of accounts for sale, without publication of debtors' names, is entirely legal. But publication of the names with such an advertisement is actionable.

Why? Because the motive behind the publication of names is to shame debtors publicly into paying the sums due. This motive the courts hold to be improper.

The question of a physician's liability depends on his foreknowledge of the methods used by the agency. Whenever a doctor turns accounts over to a collector, he makes the collector his agent. Ordinarily, any act by the agent that is a natural function of the agency binds the principal—in this case, the doctor. However, if the doctor is not aware of an illegal method used by the agency in its collections, he cannot be held responsible, and the collecting agency alone is liable.

If, in an automobile accident,

the person covered by liability insurance dies, is the insurance company or the estate of the deceased relieved of liability for damages?

The law varies in different States. In Arizona, from which State this question comes, the law is thus:

If the insured dies *before* an action is begun, suit cannot be brought successfully against his estate or against the insurance company. If the insured dies *after* a suit against him is started, the action is continued, the plaintiff then having the right to request that a representative of the decedent be substituted as defendant.

In some States, death of the defendant ends all claims and suits. In others, death is no factor.

If a patient disregards a doctor's recommendation of hospitalization, and if subsequent severe illness or death ensue, is the physician in any way liable?

A physician is not liable under these circumstances unless it can be shown that the subsequent severe illness or death was due to negligence on the part of the doctor. This is the general law, applicable throughout the U.S.

[Turn the page]

Is there a legal definition of what constitutes disguising a patient's photograph in a medical publication so that no responsibility results from using such a photograph without permission? Is blacking out the eyes sufficient in a facial photograph? If the patient's features are disguised, but identity can be established by a deformity, does legal liability exist?

There is no specific definition of what constitutes sufficient blacking out of a photograph. Deformities and features that aid in recognition are on equal footing. The test of potential liability is simple: Is the person recognizable?

In most States unauthorized publication of a person's photograph is deemed an invasion of the constitutional right of privacy and a breach of professional confidence. However, publication without consent is sanctioned (1) if the photograph appears with an article that is essentially *news* or (2) if the person portrayed is so well known that the picture is in the nature of public property.

It is suggested, nevertheless, that in all cases written consent of the patient be obtained before publication.

In a medical partnership, is each doctor responsible for his partner's acts?

Yes—if the acts are within the scope of their common business. Partners are liable for their own acts, for acts of their partners, and for the negligence of their employees

or any agents of the partnership.

A Michigan court has even ruled that a partnership existed between a physician in the army and his assistant at home. The M.D. in question had agreed to permit his assistant to take over his practice and to continue occupying his offices and laboratory. The income realized was to be shared equally by the doctor and assistant after all expenses were paid.

What is a husband's liability with respect to a fee for medical services rendered his wife? Under what circumstances is he not liable?

One of the oldest legal tenets is that a husband is liable to a third person who furnishes "necessaries" to his wife. Medical services have always been classified as "necessaries" by the courts. Therefore under ordinary circumstances the husband must pay.

The following conditions, however, may terminate the husband's responsibility: (1) if the doctor is informed that the wife alone undertakes to pay and is able to do so; (2) if the husband provides separate maintenance; (3) if a separation has resulted from a fault of the wife (unless it can be shown that her husband had not sufficiently provided for her); and (4) if the husband specifically tells the physician that he has provided his wife with means to pay and that he will not be responsible for her debts.

—JAMES R. ROSEN, M.D., LL.M.

Use the Phone to Collect!

*Properly handled, one call may do the
work of many collection letters*



Telephoning is no substitute for billing. But it's an important adjunct. I've found that a properly timed phone conversation is an effective way to remind a patient that his account is overdue, and to secure relatively prompt and painless payment.

The basic reason why the telephone is so useful a supplement to regular billing is readily apparent: A call forces the debt to the patient's attention in a way that a letter cannot. The monthly statement can be tossed into the wastebasket, but by the time a patient discovers that his doctor's office is on the wire, it is usually too late to hang up. A phone conversation leaves it up to the debtor to explain why he hasn't paid his bill and to mention when he expects to pay.

The use of the telephone as a supplemental collection method can be recommended for a second reason: Telephone calls are cheap. Paper, postage, and a secretary's time may bring the cost of a collection letter to as much as 25 cents; whereas most phone calls cost less than 10 cents and take very little time. If a physician has

unlimited phone service, the cost of this collection method is inconsequential—particularly since one or two calls can often do the work of a half-dozen letters.

In the light of my own experience, telephone calls seem to bring the best results when they are interspersed among bills and statements in something like this order:

If my secretary sends the first statement on May 1, she sends out duplicate bills on June 1, June 15, and July 1. Then on July 15 she makes the first phone call. Collection letters follow on August 1 and 15. A second phone call is made on September 1; then if the bill remains unpaid, the account may be referred to a collection agency. This is our basic routine; it is naturally varied according to individual cases and to the response received.

Successful telephone collecting, my experience indicates, depends upon two important points: (1) when the call is made, and (2) what is said.

Poorly timed calls will often irritate the debtor; no one likes to scramble out of a bathtub to be

[Continued on page 90]

A Yankee Doctor Down Under

A first lieutenant in the army medical corps writes to one of the editors



Your last letter reached me today. It is good to hear from you. I am now on medical duty in Australia.

The newcomer to this commonwealth is struck at once by several paradoxes. For instance:

Australia is fundamentally as British as cricket. Yet it's influenced by American movies which flood the continent.

Australia's warehouses are bursting with wool. Yet because the wool must be spun into cloth in England, clothing here is rationed.

Australia has never permitted

the immigration necessary to the development of a large country. So a tiny, static population of only 7 million people clings to the fringe of a vast continent the size of the United States.

No wonder teeming Japan now eyes Australia with hunger. And no wonder the Australians welcome the arrival of their American allies!

In any leave city here, you see the girls clinging to the arms of our enlisted men, while most of the Diggers (Australian soldiers)



To get ice water, you must specify it, whereupon you will be served by the wine steward.



wander about alone. It's partly glamour, I suppose, partly gratitude, and partly that we treat the girls with more courtesy. Although the Aussie is a nice fellow, he wouldn't think of lighting his girl's

Although the Aussie is a nice fellow, he wouldn't think of lighting his girl's cigarette or helping her with her coat.

cigarette or helping her with her coat. The Yanks do, whether they wear pink pants or drab ones. And the girls like it.

I am gradually learning to speak "Australian." Not only the Briticisms such as tram for trolley, pram for baby buggy, napkin for diaper, and serviette for napkin. But also the slang. Dinkum means genuine; so a dinkum Aussie is a genuine Australian. Everybody is referred to as a cow—a good cow or a bad cow. Screw is salary or wages. [Turn the page]

"I had just sat down after eating a spider when over he came and nipped my docket!"



"MAURICE PERD."

It tickles me to hear an Australian newsboy call "Extra, extra! Big explosion! Nine hurt! . . . None seriously." Imagine an American newsie taking the edge off his announcement with those last two words!

A conductor here doesn't punch your ticket; a guard nips your docket. A truck is a lorry, and a freight car is a goods van. A rare steak is an underdone joint; an ice cream soda is a spider.

A drugstore is a chemist's, where only Rx and toilet articles can be bought—no candy, alarm clocks, greeting cards, Easter bunnies, or sandwiches. You buy your cigarettes from a tobacconist, who is closed Saturday afternoons and Sundays.

If you ask for cold water at a restaurant here, it is drawn from a tap. (Quite logically, though, for if it is not hot or warm water, it is, by default, cold water.) To get ice water, you must specify it, whereupon you will probably be served by no less a personage than the wine steward himself.

There is not much dinkum Aussie culture. There have been a few books by a few Australian authors; but on the whole, the literature is meager. There is no real Australian music; although there are many patriotic songs like "Australia Felix" and "Great South Continent."

Public performances begin with "God Save the King" and end with "The Star Spangled Banner." Right now, the song, "I've Got Sixpence," is sweeping the continent like a

second "Yes, We Have No Bananas." It runs like this:

I've got sixpence,
Jolly little sixpence,
Sixpence to last me all my life.
I've got tuppence to lend
And tuppence to spend
And tuppence to send to my wife.
But I've got no cares to grieve me,
No jolly little maid to deceive me,
So I'm happy as a king, believe me,
As I go rolling along.

There's also the paradox here of low prices and high living standards. A doctor's fee is fixed at ten shillings (\$1.60) by the medical society. A specialist collects a guinea (\$3.42). These fees seem small, but physicians pay low office rents and low salaries to their secretaries. An office like mine, for which I paid \$115 a month in America, rents here for thirty or forty dollars. The result is that Australian doctors are well off.

Incidentally, an Australian surgeon is more honored when he is called "Mister" than when he is addressed as "Doctor." The reason is that everyone who practices medicine is an M.D. while only the graduate in surgery is an M.C. The latter degree stands for "Master of Surgery"; and "Master," in ordinary conversation, is slurred to "Mister."

I'm sorry I can't tell you more specifically what I am doing professionally, but that might give a clue to troop movements. I'll write again as soon as I can.

Regards,
Bob Graham

Printed Aids Expedite and Simplify Office Routine

Six ways to use them appropriately and effectively in daily practice



Your printer can do more than an ordinary job for you. In addition to supplying you with engraved or printed stationery, professional cards, and statements, he can help you devise printed forms that will step up collections and relieve you of a host of trivial annoyances.

I am well aware that each office has its unique problems. However, there are a number of printed aids which can be used to advantage by most physicians. The following six examples will suggest still others:

1. One doctor I know had his printer make up a generous supply of pads to be used in taking down information from new patients. There are fifty sheets to each pad, backed by heavy cardboard, which makes it easy for the secretary to take notes while holding the pad in her hand. It is $4\frac{1}{2}$ " x 4" in size, and is arranged as follows:

Name
Name of husband or wife.....
Home address.....
Home telephone.....
Business address.....
Business telephone.....

Patients often hesitate to give information if the secretary is writing on a plain sheet of paper. They apparently feel that the secretary is taking it upon herself to ask too many questions. On the other hand, few persons object to supplying information when questions are standardized and in printed form. (Incidentally, names in full, not initials, should always be procured, with meticulous attention to correct spelling.)

2. Since we have been at war, credit regulations have been tightened. Stores are not permitted to charge goods to customers whose last month's bills have not been paid in full. Most members of retail credit associations are sending out printed notices to this effect with their monthly bills. Although the regulation does not apply to doctors' bills, physicians can appeal to patients to pay medical bills on a similar basis. One doctor had his printer prepare a notice, edged in red, white, and blue, which read as follows:

"The Federal Reserve Board in Washington has issued new

[Continued on page 108]



Medical Recruiting Program Is Mapped for Next Year

*Army would like to create pools of
reserves to be called as needed*



Although the program calling for voluntary enlistment of physicians in the armed forces did not begin to gain momentum until last Spring, in all except five States doctors have joined in such numbers that by November, 41,000 had signed up. This is just 1,000 short of the quota for the entire year.

New York, California, Illinois, Pennsylvania, and Massachusetts

were the only States in which recruitment was lagging. If New York alone meets its quota by Dec. 31, the national quota will be met.

States which had exceeded their quotas by 50 per cent or more four months before the end of the year were Alabama, Kentucky, Louisiana, New Mexico, North Carolina, and South Carolina. During the same period Arizona, Arkan-



Photo by U.S. Army Signal Corps

sas, Colorado, Delaware, Florida, Georgia, Idaho, Indiana, Michigan, Mississippi, Montana, North Dakota, Oklahoma, South Dakota, Washington, West Virginia, and Wyoming had contributed more than their allotted share.

The maximum number of qualified physicians available for military duty is estimated at 60,000, or about one-third of the total number in continental United States. The navy won't reveal how many doctors it expects to recruit, so an arbitrary estimate of 48,000 has been set for the army, which is planning accordingly.

The job has been made easier by Secretary of War Stimson's disclosure that the army definitely wants 7,500,000 men under arms

by the end of 1943. This eliminates the confusion which resulted when such figures as 11,000,000 and 13,000,000 were being tossed around, and gives medical corps planners a chance to approach with some confidence the problem of meeting actual requirements.

Of course there just aren't enough physicians in the country to provide the army with all it wants and still leave a sufficient number to care for civilians on the basis of one doctor to every 1,500 persons. So army medical procurement plans have been revised to make the best of the situation. At that, the army feels it will be well supplied at least for the next three years.

The army medical corps, by increasing its force to about 36,000 officers during 1942, will be in a position to guide next year's recruiting program with greater skill than in the past. It is believed that the 1943 crop of new officers can be fitted into the corps with maximum efficiency and with a minimum of embarrassment over problems of rank and promotion.

By utilizing only 36,000 officers this year, a figure which includes those in service before Pearl Harbor, the army believes its needs will be met by recruiting about 12,000 more in 1943, at the rate of approximately 1,000 each month. It expects about 4,000 to come from the ranks of medical school graduates just completing internships (whose enlistment, of course,

won't reduce the supply of civilian M.D.'s). The remainder will be taken from civilian practice. The idea is to absorb doctors at a steady rate so dislocation of civilian medical care will be minimized, and so the army will be in a better position to select men best suited to military requirements.

Part of this plan involves the organization next year of a new group of army general hospitals. These will be staffed partly with seasoned medical officers, who will be offered opportunity for promotion, and partly with newly-recruited doctors.

The Government is helping, with loans and draft deferments, to keep promising medical students in school, especially if they can complete their courses within two years. Although this policy guarantees that demands for new doctors for the next few years will be met, it is obvious that a new supply of young physicians will be needed to replenish medical ranks after the supply in sight is exhausted.

The need for developing a reservoir of pre-medical students is a vital consideration in the army's program of diverting 18- and 19-year-olds from colleges into the armed forces. By the same token, it must consider future needs in the fields of dentistry, chemistry, physics, engineering, metallurgy, forestry, mathematics, etc.

The Government has the machinery to keep young men of

draft age in school if they have shown special aptitude in these fields. This is done with the understanding, of course, that they will be drafted if they fail to live up to expectations.

Thought is also being given to a plan which would reduce to two years (instead of the usual three or four) the period of pre-medical training. It is regarded as out of the question for the army to defer for three or four years a young man who would make a good soldier in a few months, but might not turn out to be a good physician. However, a formula may be worked out whereby experimental deferments will be extended for two years. If this is done, a youngster of 18 or 19 who has shown a bent for science and has determined that he wants to study medicine, will be examined to find out whether he has a good chance of being accepted by a medical school after two years of pre-medical training. If his prospects are good, a way may be found to defer him for that preparatory period if he continues to show promise.

Complicating the problem of dislocations arising out of the recruitment program is the desire of the armed services for younger physicians. This leads to the fear that, if recruiting is curtailed in one State because its supply of doctors had been depleted by over-enlistment, and expanded in States which have not met their

[Continued on page 94]

10,000,000 Women Oppose Reserve Commission Ban

M.D. posts in WAAC and WAVES fail to satisfy women physicians



Continued reluctance of the army and navy to grant medical corps reserve commissions to women physicians has swelled the lone plaints of Dr. Emily D. Barringer, former president of the American Medical Women's Association, into a concerted protest by 10,000,000 women.

The granting of medical commissions in both the Women's Army Auxiliary Corps (WAAC) and the Women Appointed for Volunteer Emergency Service (WAVES) has not mollified the majority of women M.D.'s and their supporting sisters. They point to the recruiting of women physicians by the Canadian Army and the Royal Canadian Air Force. The RCAF commissioned its first woman medical officer in August 1941, and now has eight in service. The Canadian Army, slower to break tradition, began accepting women physicians last Summer. Ten are now in uniform. Their chief task is caring for more than 6,000 girls in the Canadian Women's Army Corps and the women's division of the RCAF. American women stress, however, that although the prin-

cipal field now for Canadian women medical officers is among their own sex, their commissions give them rank and pay equal to that of male officers.

Meanwhile, the Procurement and Assignment Service of the War Manpower Commission continues "hand picking" women doctors for the WAAC and the WAVES. Recent plans call for the commissioning by Jan. 1943 of sixty by the WAVES; forty by the WAAC.

Reams of facts are being compiled by women in the campaign for reserve commissions. Dr. Marion Josephi, head of a special AMWA committee, disclosed after a two-year survey among the country's 8,000 women M.D.'s that 918 are eager to serve with the armed forces. Dr. Anna Kleegman Daniels declared that women doctors were promised commissions in the army medical corps reserve after World War I because of their excellent records as contract surgeons.

"We didn't follow up the promise that was made us after the war because we didn't foresee another

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How the War is Affecting the Nation's Hospitals

*Speakers at recent meetings
highlight hospital problems*



More acute each day grows the paradox among hospitals of increased occupancy and decreased facilities.* What to do about it is the most important single question now confronting hospital heads. Not only was this evident at the American Hospital Association War Conference in St. Louis in October, but it has also been apparent at more recent sectional meetings. In the course of these gatherings, speakers have

¶Reported a survey among a group of Massachusetts hospitals showing them to have lost from 14 to 41 per cent of their staff members† (Dr. Charles F. Wilinsky, executive director, Beth Israel Hospital, Boston);

¶Predicted that if military demands later create a serious shortage of internes, the smaller hospitals and those with less systematic programs for interne education will lose out to larger institutions

where training is better organized (Dr. H. G. Weiskotten, secretary, AMA Council on Medical Education and Hospitals);



War is making a permanent place for the trained nurse's aide, says Sister M. Geraldine. Dr. E. M. Bernecker retorts that because of the lack of trainees and the administrative difficulties of using part-time volunteer workers, the nursing aide program has failed to yield the benefits expected of it.

*For a comprehensive statement of the problem, see MEDICAL ECONOMICS, June 1942, page 53 ff.

†Doubly significant since among the forty-eight States, Massachusetts is one of five that have contributed the lowest proportionate number of physicians to the armed services.

The health of the people will inevitably suffer, warns Dr. Malcolm T. MacEachern, if, because of present exigencies, hospitals compromise with professional standards, relax supervision over less experienced staff members, or reduce requirements for consultations and conferences.

¶Warned that loss of doctors to the military forces is no excuse for relaxing control over the qualifications of hospital staff members or the standards of professional service (Dr. Malcolm T. MacEachern, associate director, American College of Surgeons);

¶Urged members of hospital senior staffs to accept out-patient department duty in order to help relieve the current overload (Dr. E. M. Bernecker, superintendent, Department of Hospitals, New York City);

¶Castigated war industries for



employing more industrial nurses than are justified and for using them to perform non-nursing duties (Colonel George Baehr, chief medical officer, OCD);

¶Suggested rearrangement of the standard nursing curriculum to
[Continued on page 114]

Hospitalized patients are asked to accumulate their needs, thereby saving bedside trips for the nurse. Friends are asked to limit their telephone calls and not to grouse about reduced visiting hours.



Ewing Galloway

The Outlook for Tobacco Stocks

Cigarette sales have jumped, but higher taxes and costs threaten dividends



The cigarette industry is "good in bad times and better in good times." So goes an old trade saying; but the investing physician will find that it is only partly true today. What, then, is the current status of popular tobacco stocks?

More people are smoking more cigarettes than ever before. Last September 1942, for example, more cigarettes were consumed than in any *full year* prior to 1917. Yet new war taxes over-balance the sales gain to such an extent that earnings are moving downward. This means reduced dividends for tobacco stocks whose main attraction has been their generous income return. As a result, the immediate outlook is not promising, although such stocks bid fair to regain their investment status after the war.

World War I made the cigarette respectable, according to the late Father Duffy. That war marked the end of an era of leisurely living, cigar and pipe smoking, and brass cuspidors. America switched to cigarettes as symbolic of a more rapidly-paced world. By 1919, cigarette production had jumped 50 per cent, yet that year's

output of thirty billion cigarettes was less than the industry now turns out in two months.

An average yearly gain of nearly 12 per cent in cigarette smoking took place from 1920 to 1930, partly at the expense of other forms of tobacco, and partly due to the industry's success in making smoking by women a socially-approved custom. Consumption lagged in the early depression years, but has established new highs each year since 1933. In fact, the 1941 volume was twice that of 1932.

TOBACCO IN THE WAR

Tobacco has gone to war. Leaf tobacco is being lease-lent to the United Nations. Ever-increasing quantities of cigars and cigarettes are going abroad to satisfy the needs of fighting men on all fronts. Already fewer cigars are available for civilians. Cigar stands are under voluntary rationing because cigar makers have expanded production as much as they can.

Since Pearl Harbor, the army and navy has stepped up their purchases so rapidly that manufacturers using machines that can make 1,500 cigarettes a minute—have increased operations from

five to six days a week. They are beginning to add a third shift to keep up with Government orders. Nor have the mounting shipments for sea stores and for the armed forces on a dozen fronts lessened the civilian demand. Revenue figures on cigarette taxes indicate that domestic consumption this year will total around 235 billion cigarettes, compared with 206 billion in 1941, a gain of about 16 per cent.

Directly attributable to the war, too, is the amazing increase in the use of snuff. Factory employment, of course, has risen by leaps and bounds. And so has the use of snuff in war plants where smoking is prohibited. Besides, earning power is higher in Southern industrial areas where the bulk of snuff is consumed. It looks as though snuff sales this year will equal the all-time high set in 1928. Ordinarily snuff sales show little variation from year to year among the three concerns that do most of the business: the United States Tobacco Company, the George W. Helme Company, and the American Snuff Company.

WAR TAXES

In 1917 the tobacco industry contributed \$103,000,000 in taxes to the war effort. Last year tax payments amounted to \$750,000,000. This year they will exceed a billion dollars. Tobacco products are always a favorite target for heavy wartime taxation. The impost is easily collected and relatively invisible. More than 50 per cent of

the industry's sales dollar is turned back to the people through Government expenditures.

Another effect of war has been price control of tobacco products. Cigarette prices are frozen in the face of rising costs of both labor and leaf tobacco. One of the big companies was prevented from advancing prices a year ago, although a subsequent Government study revealed that costs were up 12 cents per 1,000 cigarettes.

More recently, Washington has halted runaway prices at the Southern leaf tobacco auction markets. Furthermore, manufacturers have been permitted to pass along to consumers the recent half-cent a package increase in excise taxes.

War presents many manufacturing problems to tobacco concerns just as it does to most other civilian industries. There are restrictions on tinfoil, glycerine, sugar, tin, and black container plate. All these items are used in making or distributing cigarettes and smoking tobacco.

The silky Sumatra tobacco leaf, which is used to wrap so many cigars in this country, can no longer be imported. Fortunately, stocks of Sumatra tobacco are sufficient to last for three years—enough to wrap about six billion cigars. Otherwise, many manufacturers would be forced to make a complete change in their blends.

TOBACCO IMPORTS

The United States is also prevented from importing its normal

supplies of aromatic tobaccos from Greece, Turkey, and Bulgaria. Even before this country went to war, a readjustment of supply lines had been necessary. The sale of Sumatra tobacco was held on Staten Island, N. Y., instead of in Amsterdam. Turkish leaf, ordinarily kept in Asia for a twelve-months curing period, was shipped here immediately.

With sparing use, European supplies may hold out for about two years. If necessary, the use of imported tobaccos could be abandoned entirely. But this would change cigarette taste drastically enough to require the re-education of smokers.

Six companies account for about 85 per cent of the cigarette output, while the eight largest cigar makers produce only half of all the cigars. As a rule, only the financially well-heeled and experienced companies are successful in the promotion of new brands. The P. Lorillard Company introduced Old Gold cigarettes in 1926, and the promotional expense of this new brand cut deeply into earnings for several years. Since 1933, Philip Morris & Company has made good progress with its English Blend; the American Tobacco Company has done well since 1936 with Pall Mall; and the Brown & Williamson Company has carried Raleigh to fifth place.

COMPETITION

Such is the power of advertising that Americans constantly change brands. Camel cigarettes,

made by the R. J. Reynolds Company, were the leading brand between 1934 and 1939, with American Tobacco's Lucky Strike a close second. Lucky Strike, according to unofficial estimates, outsold Camel last year by a narrow margin, while Chesterfield, made by the Liggett & Myers Company, established new records as the third largest producer.

Tobacco authorities say the most pronounced changes in the sales picture this year have been the increasing volume for Lucky Strike and Camel, the spectacular spurt of Old Gold, and the progressive decline of 10-cent brands and "roll-your-own" cigarettes.

Old Gold sales were running about in line with the industry's gain in the first six months. Now, ironically enough, the company's new advertising campaign, started in July, is converting to good account some adverse publicity about cigarettes in general that appeared in Reader's Digest. As a result, the brand is enjoying the greatest gains it has ever experienced.

American Tobacco's 1942 sales of its three principal brands may run to 65 billion cigarettes, or nearly 28 per cent of the estimated total output. R. J. Reynolds has kept pace with the industry's gains, and should produce 54 billion, or 23 per cent, of the 1942 output. Liggett & Myers has experienced a more moderate growth, so that trade authorities estimate this brand's 1942 volume at about 40 billion, up 8 per cent from 1941.

Sales of Philip Morris recently hit a new high by topping the 2 billion mark for two successive months.

Sales of Brown & Williamson, a subsidiary of the British-American Tobacco Company, have been on the upgrade ever since 1931. This concern got its real start with 10-cent brands to meet the depres-

sion demand, and the inclusion of premium coupons with its other brands also pushed its volume. Production has climbed from negligible figures to 19 billion cigarettes a year.

OTHER PRODUCTS

Manufacture of smoking tobacco is well distributed over a wide [Continued on page 118]



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"Zeke's been doctorin' hisself for thirty years out of this home medical book, Doc, but yesterday he run across a misprint!"

Good Morning, Nurse!

Dr. Bernard Fuchs, he of the curly locks, the flamboyant eyebrows, and overbearing manner, was never the man to value his attentions cheaply.

"But Dr. Fuchs," remonstrates Patient Yarrow, taken aback by the bill, "so much for seeing me at the hospital two weeks? You only drop in for a few minutes and tell a couple of stories. Your jokes are terrible."

"Quite right, my boy. All part of my plan of treatment. Those jokes I tell give you new will to get well so you can get away from here quickly. Saves you money in the end."



For weeks Abner Russey, our resident in chest diseases, had been bewailing an unlucky diastolic blood pressure which was keeping him out of the navy. Advice was what he wanted: Wasn't there some special way to keep his usual diastolic level of 85 from mounting beyond 100 every time he was examined? Rest, nitrites, barbiturates, all had failed. So I suggested one more thing to try.

Yesterday Lieut. Russey came in to flutter the nurses with his uniform, and took time out to say

thanks. "It worked fine. That day I saw you, I just typed the boys on K4 till I came to one whose blood was my type. Would you believe the coincidence, that patient was anemic and needed a transfusion. So I gave him 500 c.c. of mine, went down for my physical the same morning, and here I am."



In the case of Gene Gecsemer, too, the laboratory confused where it meant to clarify. The ascitic fluid was reported as containing: "Peritoneal implants, apparently from papillary cystadenoma of the ovary." From the clinical standpoint, this didn't fit in with the hair on Gene's chest. And at laparotomy, only tuberculous peritonitis flourished where ovaries should have been.



In the two beds in 329 are Walter Perriman, subacute bacterial endocarditis, and Engineer Percy Hines, fresh from Central America with estivo-autumnal malaria. A half-hour after his intravenous dose of typhoid vaccine, Perriman begins to rattle with chill. Five minutes later, Hines too is at it,

but still manages a smile when I come in to see him.

"Just l-look at us, Doctor," he stammers, trying hard to suppress the castanets in his mouth, "remember anything of your college physics? You ought to write us up as a clinical instance of sympathetic vibration."



Bachelor Menas Metropoulos, whose trouble is an excessively spastic gut, describes in detail the evolution of his hyperperistalsis, then digresses into the kitchen mysteries of the restaurant business.

"The greatest invention, that's the automat. I eat in automat every day, and I see. Me, I'm in restaurant business myself years ago. Small town hash-house, no money. But automat, very intelligent. You hire homely help, customer keeps appetite, you save money."



After two patients in succession had died in N224, the room became the "funeral parlor," and no patient on N2 would stay in it. Each new admission was promptly apprised of the "hant" and it soon became evident that 224 was destined to become a linen room unless its reputation could be restored.

"Before we cut our capacity," suggested Superintendent Mellen, "why don't we plant some ambulant patient about to be discharged

in this room, let him stay two or three days, and break the jinx?"

So it was. John Lithberg, eight days post-herniorrhaphy and ambulant, became the new inmate of 224, after being transferred from the surgical ward. Early the following morning, when the nurse peeked in on her rounds, she found Mr. Lithberg peacefully dead in bed. At autopsy, the pelvic phlebitis and massive pulmonary embolus provided sufficient explanation for the catastrophe, but just the same nothing more mortal now dwells in 224 than towels and bed sheets.

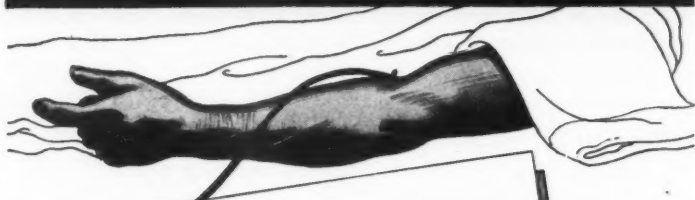


Dr. Vries, head of the newly finished psychiatric pavilion, shows me around proudly. In one of the spacious ward lobbies we are struck by a small group of visitors clustered closely about an immensely obese Negro patient, resplendent in gilded uniform and a turban tinsel with the moon and stars.

"He's our sun-god," explains Vries, "surrounded as you see by celestial satellites." One of the visitors, a small, desiccated disciple, leans forward tensely, and at intervals the hand in his pocket twitches spasmodically for several seconds. Asked what this maneuver portends, the man interrupts himself to explain that he's taking down spirit messages.

"Well," says Vries, "here's pen and paper. Would you mind writing it where we can see it?" The

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Hematinic Plastules provide iron in the *ferrous* state quickly available for conversion into hemoglobin. They are easy to take and well tolerated. Hematinic Plastules Plain contain dried ferrous sulphate U.S.P.X. 5 gr. and yeast concentrate .75 gr., supplied in bottles of 50, 100 and 1000. Also available with Liver Concentrate.

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Ferrous Iron Sealed from the Air but not from the Patient

///

†Fowler and Barer: "Rate of Hemoglobin Regeneration in Blood Donors." J.A.M.A., 118:421:1942.

*Reg. U. S. Pat. Off.



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man takes the fountain-pen and paper, listens a moment, then jerks his hand violently and splinters the pen-point through the writing pad. Vries looks ruefully at his pen.

"Just punishment," he mutters, "for one of little faith."



The laboratory report, our standby and daily succor, is a hollow crutch just often enough so that we depend on it gingerly. Mrs. Evart's anginal pain may not have been entirely typical, but for four years she lived on nitroglycerin tablets because the ECG changes were abnormal enough to convince the family doctor of her myocardial disease.

Last week, after the minor op-

eration of cutting the scalenus anterior tendon, all pain disappeared from her chest and left shoulder. Today, Mrs. Evart's ECG is that of an entirely normal heart.



From "That's How Fliers Are Found," in Collier's:

"Flight surgeons will microscope your ears, eyes, lungs, heart . . . They will see whether you have vasomotor instability, . . . trouble with that part of a man's nervous system controlling his sweat glands." Even with an out-size microscope, those boys must be pretty handy. And what kind of flying could you expect from a man with a maladjusted set of sweat glands?

—MARTIN O. GANNETT, M.D.



Car Insurance Rates Reduced

Premiums on automobile insurance policies covering bodily injury liability have been cut about in half, taking the average of the country at large.

Reductions are retroactive on policies that became effective on or after July 22, 1942 (except in New Hampshire). This means that if you bought or renewed a policy after the date specified and did not get the reduced rate, you can now claim it and secure a refund. If you bought or renewed a policy before July 22, you are not eligible for a refund; but the company will automatically give you the lower rate

when the contract is renewed again. (Suggestion: If you're in this category, you *may* be able to save a few dollars by cancelling the policy you bought prior to July 22 and taking out a new one at the reduced rate.)

The amount of your rate reduction depends on your location and on the kind of a gasoline ration book you have. Physicians with "C" books, whose mileage is relatively high, can expect a reduction amounting, on the average, to about 30 per cent.

Reductions do not apply to property damage insurance.

The Newsvane

10,000 M.D. Volunteers

Between ten and twelve thousand physicians volunteered via the Procurement and Assignment Service to serve civilian communities stripped of their doctors by the armed forces, Colonel Fred W. Rankin, AMA president, reported last month.

Medical Commandos

Parachutes, divers togs, and commando gear are being issued to navy medical officers assigned by the Bureau of Medicine and Surgery for training at several marine corps bases.

The navy's diving school at the Washington (D.C.) Navy Yard is training surgeons in deep-sea diving problems, submarine techniques, and underwater rescue work. The course takes five months.

At San Diego and at New River, N.C., navy doctors are volunteering for a tough, eight- to twelve-week parachute course. Five jumps are a requisite to graduation and subsequent duty with marine paratroop units.

Navy medical officers who will serve with raider or commando battalions of the fleet marine force are receiving preliminary training at San Diego and at Quantico, Va.

Men on this duty wear marine corps uniforms but retain navy insignia.

Mass Navy Day Promotion

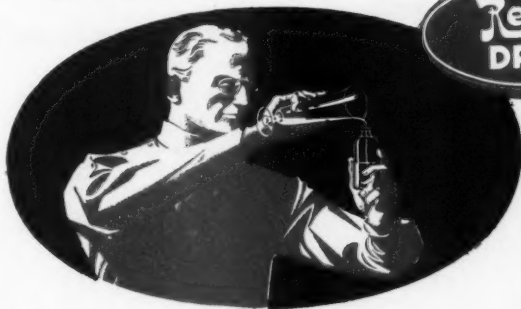
All lieutenants, junior grade, of the navy medical corps who held that rank before January 26, and who have been on continuous service, have been advanced to senior grade. Simultaneously, more than 100 lieutenants, senior grade, have been made lieutenant commanders. The promotions constitute probably the greatest mass advancement in corps annals.

Meanwhile, navy flight surgeons have received pay increases, retroactive to July 1, entitling them to 50 per cent of their base pay as flight pay. Thus, a senior lieutenant, who formerly received \$2,400 base pay, plus \$720 flight pay, now receives \$3,600—an increase of \$480. Pay for aviation medical examiners of like rank remains at \$3,120.

Draft Examiners Scarce

Complaining that the armed services are recruiting draft board physicians so rapidly that the problem of maintaining adequate personnel is "becoming increasingly difficult to solve," New Jersey's se-

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UDI-GLOBIN — the prescription formula to increase blood count



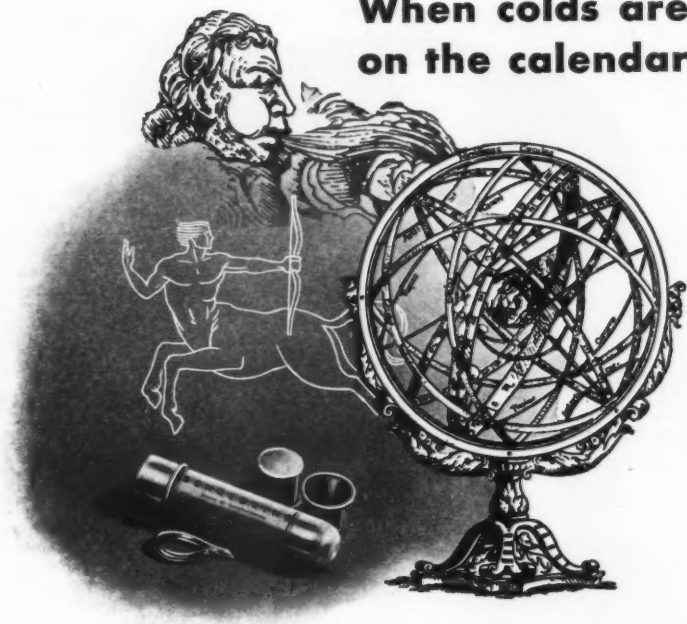
Udi-Globin, an outstanding product of the United Drug Company Department of Research and Control, one of America's finest and most modern pharmaceutical laboratories, gives you a tested and effective means of regenerating red blood cells in cases of simple and nutritional anemias, chlorosis and anemias in which iron is deficient. It is particularly valuable for patients suffering from loss of blood through hemorrhages or convalescing from surgical operations or other serious illnesses. It is intended solely for physicians' prescriptions and is available, in liquid, capsule and tablet form, at all Rexall Drug Stores.

Each UDI-GLOBIN capsule or tablet contains about 2 grains iron and ammonium citrates; $\frac{1}{8}$ grain manganese citrate, soluble; $\frac{1}{4}$ grain bone marrow ext. conc. (1:50); $1\frac{1}{2}$ grains liver concentrate (ratio to fresh liver 1:20); 75 U.S.P. units vitamin B₁ (Thiamine) Hydrochloride; 250 micrograms vitamin G — all in a palatable sherry wine base.

For the safety, comfort and economy of your patients, why not specify U.D. products and suggest that they have your prescriptions filled at their convenient, neighborhood Rexall Drug Store?

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Whatever other measures you prescribe for head colds or sinusitis, it is worth remembering that BENZEDRINE INHALER is an effective, convenient and inexpensive method of keeping your patients comfortable.

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lective service director, Lieut. Col. Edgar N. Bloomer, has suggested mergers of examining staffs. He points out that resignation of doctors and dentists serving on local boards has become almost a daily occurrence. To meet the situation, he advocates that examiners from several local boards combine to conduct mass screening examinations. "Many local boards may find in such teaming of physicians and dentists a solution to the shortage," he declares. Colonel Bloomer also suggests that draft boards rely upon medical technicians to handle such routine tasks as taking blood samples.

See the Birdie, Junior?

A unique chart to test vision of children too young to read has been devised by a large optical company. Easily-recognized bird and animal figures of various sizes are substituted for letters.

Exhibit on Waste

Hospitals are turning more and more toward the use of exhibits and other visual education devices to dramatize the need to conserve supplies and equipment in the face of growing shortages. For example, not long ago Saint Mary's Hospital of Rochester, Minn., held a three-week exhibit which included the following displays:

The supplies and equipment required for a single major operation; the manner in which gauze, linen, cotton, adhesive, and rubber goods are increasing in cost;

a diagram of the hospital dollar as spent in the operating room; utilization of foods; breakage; hospital material carelessly discarded with soiled linen; ways in which water, gas, and electricity are wasted; and utilization of fat, old rubber gloves, washed gauze, and paper. In each instance, suggestions were offered on how to avoid waste. A large poster, showing what materials are consumed in an average day at the hospital, also was part of the exhibit.

Operation Broadcast

Details of an operation performed by an osteopath were broadcast recently on a coast-to-coast hook-up by Dr. Orel F. Martin, chief surgeon of the Massachusetts Osteopathic Hospital. Dr. Martin, as one newspaper put it, "gave a stitch-by-stitch account" of a herniotomy at Kansas City's Conley Clinical Hospital. The broadcast—a feature of the annual convention of American Osteopathic Surgeons—was said by local radio officials to be the first one to describe an operation from the table.

Death Affinity Study

Frequency of death from the same disease among married couples is noted by Antonio Ciocco, U.S. Public Health Service statistician. Ciocco reports a much higher than normal probability that husband and wife will die of the same cause if the disease is tuberculosis, cancer, pneumonia or in-

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Commando raids are dramatic and do their share in helping us win the war. Less spectacular, but equally important to Victory, is the role of nutrition in building a strong hard-hitting America.

COCOMALT, the enriched food drink, is doing its part in the all-out effort toward better states of nutrition. For, COCOMALT contains vitamins A, B₁, D and the minerals calcium, phosphorus and iron . . . all essential factors in well-balanced diets.

More and more physicians are recommending this delicious food drink for the entire family. The rich, full flavor of COCOMALT, either hot or cold in milk, is a delightful drink for those who will not ordinarily drink milk alone.



Cocomalt

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fluenza. The conclusion is based on statistics left by the late Dr. Raymond Pearl of Johns Hopkins University and on Ciocco's own study of deaths among married persons in Hagerstown, Md.

Probability of death from tuberculosis among persons whose spouses die of the disease is from three to six times greater than among the population at large. In pneumonia the probability is from 1.4 to 1.6 times greater; in cancer, from 1.5 to 1.8 times greater. Close contact is ruled out as an explanation because many of the deaths occur years apart.

80,000,000 lb. Saving

One large pharmaceutical house alone, which is now redressing its entire dry products line in cardboard containers, expects to save annually more than 80,000,000 pounds of war-vital metals. The containers look much like their metal predecessors. They're made of treated paper, chipboard-lined, with an inner bag of cellophane or wax paper.

Assembly-Line "Baths"

Daily, assembly-line sun baths are keeping miners healthy at England's Manvers Main Colliery. After their shower, the miners step onto a conveyor-belt that carries them down a corridor. Mercury vapor arc lamps bombard them with ultra-violet light. At the end of the line they step through a door to their clothes lockers. The

conveyor-belt can "bathe" 50 workers every five minutes. Designed by Dr. William Beaumont of London, the system is new to England. Similar installations, however, were adopted in Germany's Krupp mines at Essen and in Russian factories several years ago.

Hospital Trustee Plan

A plan whereby members of the board of trustees of the Psychiatric Hospital, Philadelphia, serve periodically as active "administrators," is outlined by Zvee Einbinder, superintendent of the institution, in a recent issue of *Hospitals*. Designed to promote greater interest among trustees in the hospital, the plan works like this:

Trustees serve in groups of three for one month as "manager of the month." Once a week they meet at luncheon at the hospital. Their duties are to act as a patients' admission committee, handle problems which arise between regular meetings of the full board, authorize unusual purchases up to \$250 each, review bills charged to each patient, and keep an eye on credit and collections.

This committee must approve the admission of all patients except those brought into the hospital for emergency treatment. When a patient has been at the institution for a month, the managers review his case and determine whether he shall be kept for further treatment. The medical director explains to the managers the nature of the illness of each

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RE: TWO KINDS OF CREAM OF WHEAT
Enriched 5-Minute "CREAM OF WHEAT"
 Each ounce contains in average amounts these vitamins and minerals:
 Vitamin B1 ... 50 Int. Units
 Phosphorus 168 mg.
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 Actually contains as much Vitamin B1 and more of the minerals than whole wheat. Availability of the iron, calcium and phosphorus "excellent".
 Cooks to full digestibility—even for babies—in only 5 minutes.

Regular "CREAM OF WHEAT"
 The same pure cereal that has been sold for 45 years. Milled from the endosperm of the hard wheat berry. Freed from irritating bran particles. Heat treated for purity. Rich in quick food energy. Easily digested even by babies.
 Both very economical. You get 40 servings (at less than 1c each) from a single package.

B.F.

"Cream of Wheat" Reg. U. S. Pat. Off.

patient (without disclosing his identity); so that by now they are well acquainted with psychiatric problems and terminology.

The plan has been in operation for more than two years. During that time, 96 per cent of the members of the board have taken part. Mr. Einbinder reports that they await eagerly their turns to serve as managers, and that many of them have become so interested in patients that they have found jobs for them after their release. Many managers have offered to pay for new equipment themselves rather than call upon the hospital's budget.

War Closes Hospital

Loss of most of its staff to the war effort has forced the Yonkers (N.Y.) Professional Hospital to close. The ten-year-old, 123-bed institution was one of four general hospitals serving the community.

Manpower Setup Assailed

The War Manpower Commission, charged with the duty of allocating professional, business, and manual labor wherever it is needed, has become the center of a growing storm. Senator Raymond E. Willis, Indiana Republican, taunted New Dealers recently with the claim that if Paul McNutt, commission chairman, is allowed to build a political machine without Senatorial approval of employees getting \$4,500 or more a year, the hope of electing President Roosevelt for a fourth term

will be threatened. Said Senator Willis:

"I am warning the faithful New Dealers whose hopes for the future are pinned on a fourth term that such hopes would be sorely threatened by a vast McNutt-for-President army ready to spring full-armed from the dragon's teeth of the War Manpower Commission personnel."

Meanwhile, Walter Lippman, New York Tribune columnist, pointed out that Congress has shown no confidence in the ability of the WMC to ration manpower—medical or otherwise. "The Manpower Commission today is as little capable of dealing with its task as was the old OPM or the many agencies that once dallied with rubber," he said, pointing out that the main fault with the setup is that "it is a collection of pressure groups presided over by a politician who would like to please everyone at once. That is why in the six months of its existence it has been unable to clarify the problem of manpower, much less to make decisions and put them into effect."

Lippmann emphasized that as constituted, the commission is composed of representatives of the war, navy, agriculture, and labor departments, and of the War Production Board, Selective Service System, and Civil Service Commission. Each of these, he said, is competing for manpower, and therefore is unable to take an unbiased stand. McNutt, he said, al-



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problems lie ahead. Your equipment is good and your hands are skilled. Above all, you have a tradition of service to humanity.

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though theoretically an impartial judge, has been unable to overcome differences existing among the members of his group.

In recommending that the commission be junked in favor of something better, Lippmann said: "What we need as a foundation is the kind of prompt, searching, and dependable inquiry with which the Baruch-Conant-Compton Committee cleared up the rubber muddle." He said neither the present commission nor Congress is in a position to answer the question of how to set up a manpower agency that will work efficiently.

No Fuel Problem

Fuel shortages fail to perturb U.S. Army hospitals in Iceland. Nearby boiling springs provide plenty of hot water for baths and steam for heating the elongated, half-barrel-shaped army huts which comprise the hospital buildings.

Disability Insurance Hit

Insurance men are organizing new opposition to compulsory disability insurance financed by payroll deductions. A group which has taken over the name and function of the former Insurance Economic Society, an early opponent of compulsory health insurance, plans a pamphlet campaign to educate the public on the undesirable factors of government-sponsored disability insurance.

The society's objections to a government program are based on these points: its alleged excessive

cost; the belief that it would wipe out the private accident and health insurance business; that the plan does not first establish a system of accident and sickness prevention; that any new funds collected from payrolls should be spent solely to defray costs of the war; and that such a plan would be an entering wedge for state medicine.

Industry Backs Research

Industry is assuming a large share of the burden of financing nutrition research—a burden carried heretofore almost exclusively by universities and teaching hospitals. Through the year-old Nutrition Foundation, Inc., twenty-four firms in the food and related fields are contributing almost a million dollars for support of nutrition research in the next five years. Eighteen concerns formed the foundation last December, each pledging \$10,000 annually. Six new firms have joined recently. Already substantial grants have been advanced to thirty-six projects at twenty-two research centers and universities.

Foundation officials stress that their research does not supplant similar activities by companies. Fundamental nutrition research is the foundation's program. A division has been decreed between problems related to public health and the war, and fundamental problems with no immediate bearing on the war. In progress are studies on the relation of nutrition to human fatigue; environmental

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but Few Know This*



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Everyone knows that corn starch is used in pies, puddings, cakes and other good things to eat. In addition to various household uses, it is necessary, too, for making batteries, cosmetics, paper and textiles, to name a few. Where does Anheuser-Busch fit in this picture? We learned a lot about cereals from constant analysis of barley for Budweiser. With that knowledge we started a Corn Products Division, which now supplies millions of pounds of starches each year to food and other industries.

Year after year, we have striven with research and resources to better the methods and facilities for brewing Budweiser. To do this, a laboratory specializing in fermentology and nutrition was necessary. Discoveries made in the laboratory and in the plant have led to the development of products contributing to human necessity and progress. Some of these products would appear to have only a remote relationship to brewing, yet, they are the result of scientific research into many allied fields.

Endless research in making the world's leading beer has led to the manufacture of B Complex and D vitamins, candy and table syrups, malt syrup, base syrups for medicines, baker's yeast, refrigerating equipment and glider wing and fuselage assemblies for our Armed Forces.



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influence on cell respiration and metabolism; vitamin deficiency detection methods; chemotherapy; and dietary factors in bone fracture healing. A new foundation periodical, *Nutrition Reviews*, contains interpretative writings from publications devoted to nutrition and related sciences.

Oxygen "Kickbacks"

The New York Academy of Medicine recently recommended (1) publishing prices of oxygen and oxygen equipment and (2) licensing of physicians and technicians qualified to administer oxygen therapy. Object is to correct abuses reported by William B. Herlands, New York City's commissioner of investigation.

The academy has refuted a statement by Herland's office that "many physicians" demand commissions or "kickbacks" from companies when ordering oxygen or oxygen therapy apparatus. Only "a small fringe" is guilty of the practice, according to the academy, which blames newspaper publicity for exploiting the conduct of a minority "to the detriment of the entire medical profession."

Range of Malnutrition

All but one person in a thousand suffer from malnutrition. This conclusion has been reached by associates of the Ellen H. Richards Institute at Pennsylvania State College after a six-year survey among 2,511 Pennsylvania adults

and children. Only two persons attained high ratings in all tests. Tooth decay plagued all but eight. Seventeen per cent were below par in weight and more than 50 per cent were sub-standard in hemoglobin content. Skeletal growth was retarded more than six months in 60 per cent of the growing children. Bones were insufficiently mineralized in a large majority of all persons examined. The survey showed that the poor were more deficient than the rich, but both categories were below the best rating.

Private Examinations Up

Private physicians are examining five times as many elementary school pupils in New York City as they did five years ago. Only 8 per cent of the city's elementary pupils were examined by private M.D.'s in 1937. Last year the percentage leaped to 41 per cent.

First Aid: Legal Puzzle

"Will lay persons who administer first aid run the risk of becoming defendants in lawsuits brought by dissatisfied victims of bombing or other disaster?" The New England Journal of Medicine devoting a recent editorial to the evaluation of this question, says, in part:

"Those who administer first aid are liable to litigation, since 'any aggrieved person, with or without cause, can file an action at law. . . Until the merits of such claims in the imminent, unprecedented cir-

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In some instances, varicose ulcers for example, both functions cooperate.



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cumstances have been assessed by the courts, it is reasonable to assume that the principles involved would be analogous to those in suits for malpractice brought against physicians.

"A recent study of the problem poses several questions and attempts to give answers which are admittedly not applicable universally. The first-aid worker would be reasonably protected if he followed rules accepted by the American Red Cross and the civilian-defense groups throughout the nation. The necessary skill and precaution are defined as 'such care as a reasonably prudent person should exercise, considering all the circumstances such as the injury itself, the entire situation of the emergency, and the training of the first aider.'

"The statement that those trained in first aid are probably under a legal duty to render such care seems unwarranted in view of the following statement by a recognized legal authority: 'No duty rests on a physician to accept an employment. He may refuse arbitrarily to engage his services.' If a physician is not required by law to treat a patient, how can a different rule be applied to a first-aid worker?

"Presumably, the layman trained in first aid has no more responsibility and is entitled to no less protection than the physician. Accordingly, the defense of the latter against litigation should apply equally to the former. [A] spe-

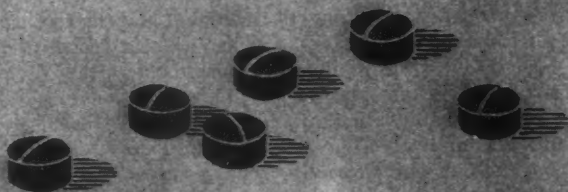
cialist in legal medicine has this to say concerning the results of treatment: 'A physician is not a guarantor either of his diagnosis or of his treatment, and the required negligence necessary for his liability is not made out by mere evidence of results of treatment or a failure to cure or a disappointing result. . . . It is apparent that anyone who follows conscientiously the accepted routine of first-aid treatment is in little danger of being successfully sued by the aggrieved recipient of his ministrations. . . . Those who attempt to relieve suffering and save lives should have no fear that justice will tolerate unwarranted claims against them. Nevertheless, there is urgent need for statutes defining the rights and duties of civil defense workers. These should be put into effect now—before the evil emergency is upon us.'

To Double Nurse Corps

The army expects to increase the strength of its nurse corps to 31,000 by the end of 1943, testimony before the House Military Affairs Committee on the Edmiston Bill reveals. About 16,000 nurses were on active duty last month.

The Edmiston Bill provides that the pay of army nurses holding the rank of second lieutenant through colonel be raised to the level of pay for regular army officers of similar ranks. To achieve its proposed record enlistment, the army will draw upon the estimated 60,-

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000 nurses available for military service.

The New York City Nursing Council for War Service is combing State registry lists for the names of inactive nurses, who will be urged to return to duty to replace those who are entering military service. At the same time, the General Federation of Women's Clubs is conducting a drive to persuade girls to train as nurses, and to help them with scholarships. Enrollment of 20,000 students is the federation's goal.

Indian Services Reduced

Medical service for 53,000 Navajo Indians is being curtailed as a war necessity, according to an announcement by the Commissioner of Indian Affairs. A \$500,000 slash in the Navajo Reservation budget promised recently to close one hospital in Arizona, another in New Mexico.

New Peptic Ulcer Film

"Peptic Ulcer," a new sound-and-color film, is now available for showings before groups of physicians. Produced under the direction of the Department of Gastroenterology of the Lahey Clinic in Boston, and approved by the American College of Surgeons, this new 16-mm. picture has a running time of 45 minutes. It covers the following problems of peptic ulcer: pathogenesis, diagnosis, treatment, pathology, complications, hemorrhage, perforation, and surgery.

Arrangements for showing the film may be made through John Wyeth & Brother, Inc., Philadelphia, which will provide projection equipment and apparatus for medical groups without charge.

Lahey on Examinations

The Procurement and Assignment Service is working to effect a nation-wide arrangement by which physicians may practice in States depleted of doctors without taking further State medical examinations. Dr. Frank H. Lahey, P & AS directing board chairman, recently declared it "ridiculous" to expect doctors who have made personal sacrifices by moving into new States to pass additional examinations.

Socio-economic Medicine

Charging that "there is no correlation of sociology and medicine in our medical schools," the New York Times in a recent editorial reported that England has attacked the problem by setting up an Institute of Social Medicine. It implied that the United States might well follow this example.

Specifically, the Times complained that American medical education neglects to emphasize the treatment of the sick person "as a unit of society who is harassed by noisy families, mentally stunted by monotonous and repetitive work, worried by the insecurity of his job, disturbed by a hostile environment, and badgered by the habits

of the quarter in which he lives."

These social problems will be studied by the Institute of Social Medicine, founded in Oxford by the Provincial Hospitals Trust, which was created by Lord Nuffield. Annual grants of £10,000 have been provided to carry on the work, which will include investigation of social, genetic, environmental, and domestic factors as they relate to illness, and, if necessary, establishment of courses in social medicine for students and practitioners.

"Here we have an effort to dig down to the social roots of illness—something that cannot be done with the clinical thermometer and the stethoscope," the Times comments. "A new kind of clinician is to be trained—a man who will concern himself not so much with problems now broadly handled by public health officials, as with the effect of community life on individual health in a highly industrialized society."

The Times adds that the program has nothing to do with socialized medicine, but suggests that the findings of the institute

may influence future legislation in England and other industrial countries. "Preventive rather than curative medicine will be taught," the Times says. "The doctor will be asked to examine not so much his patient's body as the social climate, the unseen communal forces that pull and push that body and mind. All this with the probability that the span of life will be extended."

St. Louis Medical Depot

The remodeled Army Medical Depot at St. Louis is now the largest building in the city, nosing out a bottling plant which has 25 acres of floor space. The War Department purchased the depot a year ago and has added several stories.

Medical Relics Exhibit

Surgical and medical instruments and equipment used by New York M.D.'s from Colonial times through the Civil War have been on display in Manhattan to dramatize the annual United Hospital Fund campaign. Wide-bladed saws, lancets, and tourniquets dating from the 1770's are the oldest

TO CURB A COLD AND EASE ITS DISTRESS

In providing a protective film to the nasal mucosa, 'Pineoleum' also gives safe vasoconstriction with soothing, cooling relief. That's because it contains camphor (.50%), menthol (.50%), eucalyptus (.56%), pine needle oil (1.00%), and oil of cassia (.07%) in a base of doubly-refined liquid petrolatum—plain or with ephedrine (.50%).

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To date, no drug has replaced the salicylates for combined antifebrile safety and effectiveness in rheumatic fever, the "catarrhal fevers," tonsillitis, and the common cold.

However, the associated use of alkalies is now considered advantageous in itself and as an aid toward greater salicylate tolerance.

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Brand of natural salicylate and alkaline salts therefore commends itself to the clinician. Each teaspoonful provides ap-

proximately 5 grs. Merrell's Natural Sodium Salicylate and 10 grs. alkaline salts in a palatable, aromatized elixir.

Adjunctive to the Sulfonamides

When used adjunctively to the "sulfa" drugs in influenza or la grippe, Alysine provides a desirable alkaline factor as well as helping to relieve muscular aches and pains.

Elixir Alysine is supplied in 4-ounce, pint, and gallon bottles. Also available in Powder and Effervescent Tablets.

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items in the collection, amassed by the custodian of New York Hospital. An historical treasure is the kit of Dr. Valentine Seaman, who pioneered control of smallpox and yellow fever in America. Most elaborate of the older kits is that of Dr. Gurdon Buck, great-grandson of Gurdon Saltonstall, a Connecticut Colonial Governor.

Sickness in Germany

Overworked German doctors are counting these Winter woes: troop-jammed hospitals; a marked increase in cases of dysentery, spotted typhus, tuberculosis, and physical exhaustion; lack of medicines, disinfectants, and proper bandages. According to reliable European sources, wounded from the Eastern

front have first call on the Nazi physicians' time; civilians laid low by war strain and diet deficiencies, and foreign war workers of uncertain health must wait.

Georgia Wars on Disease

Georgia's board of health is enforcing compulsory registration and treatment of all persons in the State with venereal diseases. Spurred by apprehensive army and Federal public health officials, the board has issued a "quarantine order." Major provisions:

1. Persons entering the State with a venereal disease must report to a physician for treatment within 24 hours.

2. Persons failing to report will be quarantined and examined im-

for SYSTEMIC DETERGENCE in ARTHRITIS

AUTHORITIES today reaffirm the long-accepted concept of arthritic etiology—a focus of infection, usually in the colon. Their recommendation, that the various methods of elimination be enlisted as the main item of treatment, finds ready fulfillment under the uniquely comprehensive therapeutic influence of Occy-Crystine:

- ... **for CATHARSIS**—the hypertonicity of its solution assures the complete flushing of the colonic tract.
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- ... **for SULFUR RELEASE**—colloidal sulfur is precipitated from its solution by the HCl of the gastric secretion—for the amelioration of the sulfur deficiency so characteristic of arthritic tissues.

THIS sulfur-bearing saline detoxicant eliminant is a hypertonic solution of pH 8.4 made up of the following active ingredients—sodium thiosulfate and magnesium sulfate, to which the sulfates of potassium and calcium are added in small amounts contributing to the maintenance of solubility.

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Clinical solutions have been prepared in line with modern requirements set up for nasal medication by authoritative investigators. They are strongly buffered to resist alkaline pathological secretion and to preserve a normal, slightly acid

reaction of the nasal mucosa. Their isotonicity and the reaction of the solution (pH—6.2) are specifically recommended for the restoration and preservation of the ciliary activity and the normal physiology of mucous membranes. The use of PRIVINE Hydrochloride is not followed by a compensatory swelling of the mucosa.

PRIVINE HYDROCHLORIDE is a most economical and efficient nasal medication. Issued as an 0.1% solution, bottles of 1 oz. with dropper. An 0.05% solution is available especially for children.

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mediately. Contagious cases will be sent to authorized isolation posts.

3. All physicians and public health officials must report immediately the names and addresses of infected persons to the State board. Officers arresting persons "reasonably suspected" of having a venereal disease, or known prostitutes, must also inform the board.

4. Infected prostitutes and indigents will be treated in isolation posts at public expense.

Violation of the "quarantine order" is a misdemeanor, subject to punishment by law.

To Review AMA Case

The United States Supreme Court agreed in October to review a decision by the Court of Appeals of the District of Columbia that the American Medical Association and the Medical Society of the District of Columbia had violated the Sherman Anti-Trust law by allegedly restricting activities of the Group Health Association, a local corporation of Government employees.

In announcing that it would re-

view the case, the high court said it would limit its consideration to three points:

1. Whether the practice of medicine should be interpreted as a trade or a profession;

2. Whether the Sherman act applies to any situations other than price-fixing or competitive practices; and

3. Whether, if doctors are engaged in a trade, they are immune from anti-trust prosecution under the Norris-LaGuardia law.

D.O.'s List Problems


Two of the major problems facing the 10,377 osteopaths in the United States are the reluctance of Government agencies to recognize their services and the refusal of the army and navy to offer them commissions, according to a recent report of the executive secretary of the American Osteopathic Association.

The report complains of the "unsatisfactory" regulations of the Civil Service Commission and of the U.S. Employees Compensation Commission with respect to osteopathic services, adding that

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the Children's Bureau, too, is at fault for not having "remedied" the advice it gives States concerning osteopathy. The report also points out that the Farm Security Administration rejects the services of D. O.'s in its medical insurance program, that the Veterans' Bureau won't accept osteopaths, and that the Office of Civilian Defense has been cold to D. O.'s who wish to take part in its program.

The armed services have been equally uncordial to osteopaths, the report continues. Although Congress has voted that osteopathic internes may be employed in army hospitals, none has been appointed so far as the association knows. And the armed forces won't commission D.O.'s. The reports say that as of July, 23 osteopathic students and 159 osteopaths were in the armed forces of the United States, Canada, Great Britain, and New Zealand. Of these, 83 volunteered, 82 were drafted, and information about the remainder is unavailable.

Stating that there has been little opportunity this year for State legislation effecting osteopathy,

the report points out that next year many legislators will be in session. For this reason, it says, the association's legal counsel will expand its program, and probably need additional funds to carry on its work.

"We must face again the trickery of a conniving enemy who will vent his spleen on us," the report declares.

Delegates at the association's annual convention adopted resolutions urging that the ethics committee persuade telephone companies to help discourage osteopaths from buying advertising space in telephone directories, and authorizing the creation of a special committee to revise the A.O.A. code of ethics. One member pointed out: "It is practically impossible to refer to the code of ethics with any accuracy. The code is redundant and contradictory."

"Non-Aryan" Blood Test

Nazi physicians are reportedly using a blood test to determine "non-Aryanism." Described in a Berlin broadcast as a "biological examination," one such test has


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plus
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and compare with
color scale



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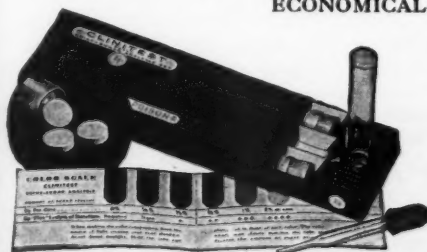
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been conducted by a professor of the Paris Sorbonne. It has "proved" the Jewish origin of Samuel Elia-shevski, a naturalized French citizen. Result: He was slated for trial for failure to register as a Jew.

Out-Patient Curtailment

Curtailment of hospital out-patient services during the war will be necessary in many instances because of shortages of physicians and nurses, Dr. Nathan Smith, deputy medical superintendent of Morrisania City Hospital, New York City, points out in a recent issue of Hospitals. He reports that nearly all physicians in the out-patient department of his institution were under 45 years of age, and have joined the armed services. As a result, the hospital has discontinued certain clinics, reduced the number of sessions of others, and combined still others.

Under the old schedule, 83 clinic sessions and 38 special clinics, were held each week. Today the number has been cut to 50 sessions and only 21 special clinics. For example, the orthopedic, peripheral vascular, and neuro-surgi-

cal clinics have been combined with the surgical clinic. The baby health, arthritis, obesity, and sterility clinics have been discontinued. The prenatal and postnatal, pediatric, rectal, and neurological clinics are held less frequently.

Dr. Smith hints that in-patient services may also have to be readjusted so additional staff members will be available for out-patient duty. He suggests that wherever possible, hospital and clinic staffs be merged so all physicians will be in a position to serve wherever needed in an emergency.

To release doctors for more essential duties, Dr. Smith suggests that medical secretaries be assigned to take routine histories, and that laboratory technicians be assigned to routine laboratory work. Nurses, he says, can take blood pressures, Wassermanns, and do minor surgical dressings.

Another device to streamline hospital organization to meet wartime conditions, he says, is to segregate chronic cases. Such patients can be given larger prescriptions, so their visits will be less frequent, and the director of the out-



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it is extremely palatable.

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it is so well tolerated by infants that adequate dosage can be maintained over a sufficient period.



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patient department can authorize refills without requiring attendance of the patient at the clinic. For example, he says, prescriptions calling for insulin for diabetics, digitalis for cardiacs, luminal for epileptics, and sedatives for neurological patients can be handled in this manner. Such a program would eliminate about a third of the total visits to the department, he thinks. He adds that chronic patients should be discharged unless they can be helped in the clinic, and that a program of public education should be launched to discourage the public from attending clinics for trivial reasons.

Regarding conservation of supplies and equipment, Dr. Smith offers these suggestions:

Use ends of bandages for making cigarette drains and vaseline gauze strips; use cotton balls instead of sponges for hypo wipes; keep plaster of paris in airtight containers; use narrower and smaller adhesive strips wherever possible; use paint or wax pencils instead of adhesive to label bottles; use finger cots instead of gloves when possible; store rubber goods in cool, dark, dry places; distribute liquid solutions to be used externally in shakers instead of pouring.

Gas Mask Glasses

Soldiers can now for the first time wear glasses under their gas masks. Men who formerly had to remove their glasses in order to

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don masks are now being issued specially constructed glasses and a new type of mask. Lenses are identical with those in the soldiers' regular spectacles, except that they are smaller. Side rods are narrower and fit closely behind the ears. The new masks are built with pear-shaped lenses so there will be ample room for the special glasses to fit under them.

Incidentally, "bunny" gas masks—small-fry editions of standard sizes—have been issued to small children in Hawaii.

Results of CHA Poll

Members of the College of Hospital Administrators have split widely in a recent poll on the question of federal financial help to voluntary hospitals. Of 299 queried by the CHA, 189 have expressed belief that assistance in some form will be needed if hospitals are to continue leadership in their field. Negative votes numbered 119.

Patient's Wartime Code

A British "Patient's Wartime Code of Conduct," suggested by the secretary of the Central Medical War Committee, has now been endorsed by the British Minister of Health. Highlights: Call the doctor early in illness and in the day. Give accurate address and description of illness. Visit the doctor in person if possible.

Pharmacy Corps for Army?

Legislation calling for the creation of a pharmacy corps in the

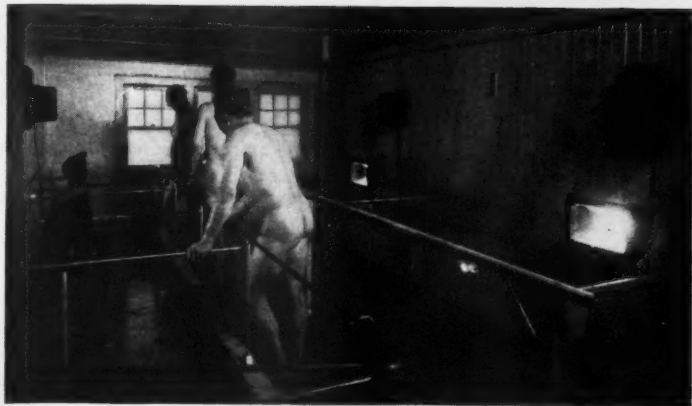
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A TIMELY SUGGESTION:



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● Now that the Nation looks to the Medical profession for every possible help toward keeping our war workers physically fit and on the production line, routine ultraviolet irradiation would seem a timely suggestion.

As a supplement to other hygienic measures in industrial medicine, general body irradiation with mild doses of ultraviolet two or three times a week has proved highly beneficial to miners and factory workers—tending to build up resistance against respiratory diseases which exact such a heavy toll in man-hours lost to production.

Pictured above is a typical installation for this purpose. Paired G-E Hot Mercury Quartz Lamps are placed on each side of a passageway between shower-room and locker room. A moving hand-

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What could more effectively offset the sparse sunshine of winter months, and the pent-up existence of the great majority of war workers?

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ADDRESS _____

army, separate from the medical corps, is being studied by both houses of Congress. Under present army organization, pharmacists, who seldom rise above the rank of sergeant, serve under the supervision of medical officers. Proponents of the legislation point out that during the first World War, pharmacists were put to work shoeing horses, and that they are being assigned to equally menial tasks in this war.

Telephone to Collect

[Continued from page 41]

reminded about a bill. So my secretary begins by calling at times which she thinks will be most convenient. She reports that businessmen can be reached most easily at their offices in the morning; while wives are apt to be home from 9 to 11 o'clock in the morning, and from 3 in the afternoon until dinnertime.

Most debtors, nudged by a deft phone conversation, make a sincere effort to pay. But occasionally a patient who was docile in the office will turn tough when the bill is submitted. Only frequent dunning at a regular (and perhaps deliberately inconvenient) hour will drive him to his check-book. Other difficult debtors often yield when called at times that embarrass them—when they are entertaining guests, when they fear that their neighbors may be eavesdropping on the party line, or when they are at their place of business.



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Friendly, courteous language is the second essential to a successful telephone technique. A cardinal principle is never to put the debtor on the defensive. The potentialities of antagonism over the phone are considerable, and calling delinquents is a job for a poised and imperturbable secretary.

She begins by saying: "This is Miss Emerson at Dr. Fleming's office. I happened to notice in our records today that we haven't heard from you in a long while."

Then a pause.

The patient has already guessed the reason for the call. The pause is essential; it gives him a chance to fumble for a response. In a surprising percentage of cases, he apologizes and offers reasons for not paying—he has lost his job, or perhaps the mails have obscurely failed to deliver the bills to him. The secretary is sympathetic and lenient. But she also asks when some payment can be expected from him.

Frequently the patient will offer to pay up immediately, or at some specified date. If this date passes without payment and several intervening letters go unanswered, she phones again. The same politeness, the same pause, the same interest in a specific date mark her manner. Unless the patient brings it up himself, she doesn't mention money, for a direct request for payment may have an antagonizing effect.

The telephone is no sure cure

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Pleasantly flavored, Cēpacol is refreshing as gargle or spray. Supplied in pints and gallons.

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THE WM. S. MERRELL COMPANY
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for the bad-debt problem. It will not always produce as spectacular results as it did for one colleague, who reported that his girl elicited a 70 per cent cash response from twenty calls. But used in a carefully planned manner, the phone is a productive collection instrument—so productive, in fact, that no collection system is complete without it.—JAMES FLEMING, M.D.

Medical Recruiting

[Continued from page 48]

quotas, the services may lose some of the men they want most. They may, in such an event, be forced to commission physicians who would serve the war effort better by moving into depleted areas to replace younger men who are being deferred to care for civilians.

Another problem being tackled by the army is the question of building up an adequate reserve of medical officers who will be available instantly for combat assignment, without creating excessively large pools of physicians in training centers, ready for service but with nothing to do. What army medical chiefs would welcome is the chance to build up a large reservoir of qualified men who could be called as they were needed, without interrupting their civilian practices in the meantime. This is not permissible now, although the army medical corps is allowed to maintain a pool of about 1,000 officers who will later be assigned to active duty.

With this single exception, reg-



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Widely prescribed in nutritional anemias of children and adults. Soluble and non-irritating, it is pleasant to take in beverages. Two strengths—"A" for adults, "B" for children. Licensed by Wisconsin Alumni Research Foundation. Write for samples and literature, Dept. 1.

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COPPERIN



ulations require that when a physician is commissioned he must be assigned to active duty, usually in two or three weeks. Even a physical examination is valid for only ninety days. Army medical authorities would like to do away with this rule in the case of men who might be assigned to reserve pools.

Authorities also want (but don't really hope) to convince many medical veterans of World War I that they can best serve their country today by carrying on their civilian practices while younger men join the army and navy. It is conceded that many veterans are in excellent physical condition. But few physicians past 45 years of age can be commissioned at ranks commensurate with their ages. Neither can they serve as energetically with combat units as their juniors can. If all of them were taken, the army would find itself deferring younger doctors, who would remain in civilian practice, while assigning older men to combat units. —COLEMAN B. JONES

Physician Shortage

[Continued from page 34]

it, the Procurement and Assignment Service has naturally had to put the brakes on a good deal of medical recruiting in the last quarter of 1942. Recruiting is of course continuing; but now that the first rush to procure medical officers has ended, the needs of the civilian population will receive increasing attention and withdrawals from



1. There was a lot of trouble and uncertainty in Rip Van Winkle's day, but Rip just slept through it. Some of us might not be averse to doing that these days—if we could.



2. Unfortunately the closest we mortals can come to that is relaxing and getting plenty of regular sleep. Some folks miss even that because the caffeine in coffee gets on their nerves.



3. They needn't give up coffee, but just switch to Sanka Coffee. Real, delicious, satisfying coffee that is 97% caffeine-free. It can't upset anyone, can't get on one's nerves.



4. Only the caffeine comes out; all the delightful flavor and aroma stay in. Physicians don't hesitate to suggest Sanka, because patients love its blend of fine coffees.

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civilian practice will be made in a more orderly manner.

As the first step in its program to provide medical services for critical areas, the P&AS recently requested its State chairmen to submit detailed reports of conditions in their localities. These reports were to contain the following:

1. Answers to questions about (a) areas where a critical shortage of physicians was believed to exist as a result of the war, and (b) areas in which there had been a significant population increase.

2. An expression of opinion as to critical areas that should have detailed study by persons representing the procurement service's central office.

The P&AS has recommended "that each State chairman consider appointing an advisory committee within the State to assist him in dealing with problems presented by an insufficiency of medical care in certain areas." Also being enlisted is the cooperation of State health departments, State medical societies, industry, and labor. In Washington, the army, navy, pub-

lic health service, War Production Board, Farm Security Administration, Children's Bureau, and other Federal agencies are helping out with information secured by their separate and far-flung field staffs.

"Insofar as possible," the procurement service says it will attempt to correct shortages of physicians "by the utilization of resources and personnel available in the State. In those instances when resources and personnel within the State are insufficient, we shall consider and recommend means for obtaining outside aid." Adds the P&AS with potential significance: "Plans for handling such situations at the Federal level are at present incomplete."

In attacking the major problem of relocating physicians to serve medically depleted or ill-cared-for war production areas, the procurement service professes no desire to attempt a long-range correction of inequities in the nationwide distribution of medical care. The maldistribution that existed before the war, P&AS heads believe, resulted from factors that were basically economic (e.g.,



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Diets, too, help fight the war



As they look back and compare their practices today with those of a few years ago, most physicians find there has been a distinct change.

Patients are thinking differently and acting differently since the war began. Their easygoing peacetime pursuits have given way to pressing war programs. They are doing more—working harder—and using up energy faster.

We believe you will agree that it is advisable to maintain an energy level consistent with the day's demands.

This involves stressing the high-energy foods—food like bread which for ages has been one of the best sources of food-energy in the physician's armamentarium.

America's bread today is particularly good. Its golden appearance and aroma pique the appetite. It tastes delicious. It satisfies hunger. It's easy to digest.

Most people much prefer white bread. And this too now affords valuable extra nutritive elements. Most bakers supply it enriched with Vitamin B₁, nicotinic acid and iron in amounts as recommended by the Food and Nutrition Board of the National Research Council.

So when your diagnosis shows that a high-energy diet is indicated, the finest food, and probably the most readily accepted by your patient, is plain, substantial bread. It is rightfully regarded the foundation food of every normal diet.

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greater financial opportunity in one place than in another; better chances to advance professionally in the city than in the country). The solution of that problem, they declare, should be left to the post-war period. What they are trying to do now is to relieve medical maldistribution arising directly from the conduct of the war. This includes the assurance of adequate medical service for (1) communities from which too many physicians have left to join the armed forces, (2) areas whose population has skyrocketed because of the expansion of war industry or the establishment of military installations, (3) essentially new communities.

The success or failure of such

efforts, the procurement service believes, holds the answer as to whether the program of relocating physicians for civilian practice will continue on a voluntary basis or give way to some form of Government regimentation. Among several suggestions advanced as alternatives to the voluntary program is the commissioning of physicians in the public health service for the war period. This would involve providing them with uniforms to show they were not slackers and sending them wherever they might be needed to relieve shortages of civilian doctors. Such an assignment, public health men assert, would cause no greater dislocation for the man concerned than does the military assignment

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THE frequency with which the menstrual life of so many women is marred by functional aberrations that pass the borderline of physiologic limits, emphasizes the importance of an effective tonic and regulator in the practicing physician's armamentarium.

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A-B-M-C Ointment is spread, without rubbing, on the affected part and heat is applied for 20 minutes.

†Archives of Physical Therapy, 21, 12 (Jan.), 1940.

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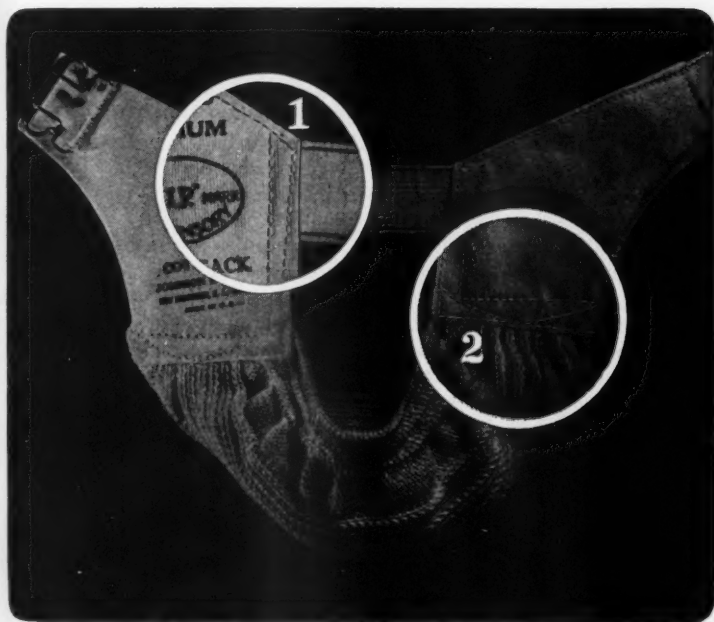
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of a colleague in one of the armed forces.

The idea of commissioning additional public health service officers is based on recognition of several legitimate reasons why a doctor may be reluctant to move from one community to another. For instance: He is called upon to move his family at his own expense to a community where he cannot be at all sure of financial security. He is assuming all the risks of setting up practice in a place where he may not want to remain or which, after the war, may become a ghost town. He may no longer be able to work in close proximity to medical centers and teaching institutions where he has been in the habit of improving himself professionally.

A major difficulty in the way of relocating physicians has of course been licensure. States with enough available physicians to permit reshuffling within their boundaries have had little trouble. But elsewhere the problem has been a stickler. Frequently, even when licensure obstacles are removed, it is difficult to make up medical personnel deficiencies by calling for doctors from outside States. This is so because of changes in the status of physicians who expressed willingness to move when queried by the P&AS last Spring but who have since accepted commissions in the army or navy.

Some portentous remarks about the physician-shortage problem were made recently by Dr. Joseph W. Mountin, assistant surgeon gen-



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NEW BRUNSWICK, N. J. CHICAGO, ILL.

eral of the U.S. Public Health Service, in a talk before the Medical Society of the District of Columbia. Said he:

"More patients must now be seen by fewer doctors. In many places this cannot be accomplished with the present method of individual home and office calls on a fee-for-service basis. The organization of a larger part of medical practice around hospitals and clinics is indicated, not only in order to reach patients who cannot pay but also to permit the most effective utilization of physicians' time and skill. Another factor which will tend to bring about group systems of practice is the shortage of medical supplies and equipment. . .

"A problem which has so far not been faced realistically is the redistribution of physicians according to people's needs rather than their economic resources. Studies completed recently by the U.S. Public Health Service, covering a 15-year period prior to the present emergency, show that in urban centers there has been a steady increase in the physician-population ratio, out of all proportion to the increase in population. . .

"In 1923, the ratio of physicians to population ranged from 96 per 100,000 in Mississippi to 151 per

100,000 in New York. Fifteen years later, in 1938, the disparity between the ratios in these two States was even greater. By then Mississippi had been reduced to 70 physicians per 100,000 population, while New York had 193 per 100,000.

"If counties in the country as a whole are placed in two groups, namely, metropolitan and non-metropolitan, we find that the 1923 ratios were 152 per 100,000 and 110 per 100,000, respectively. By 1938, however, the situation was worse, with only 92 physicians per 100,000 in non-metropolitan counties but 164 per 100,000 in the metropolitan counties.

"It was hoped that in selecting medical personnel for duty with the armed forces account could be taken of the unequal distribution of physicians in relation to population. A quota system was therefore adopted which provided for the recruitment of relatively high percentages of physicians from States having a high physician-population ratio and lower percentages from States having a low ratio.

"Unfortunately, this formula did not work as well in practice as it did on paper. The States which are most generously supplied with physicians failed most appreciably

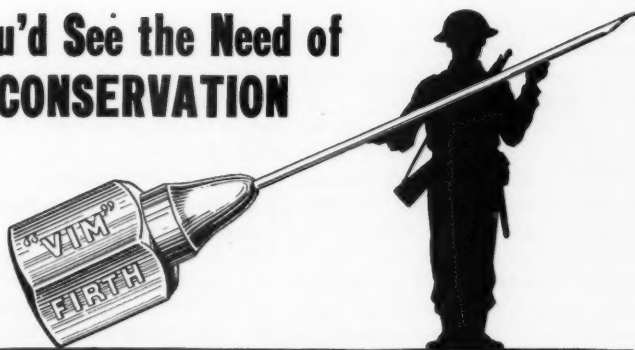
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But the sum total of all needles used by physicians, hospitals and the armed forces is an impressive amount. It contains great quantities of these strategic metals, vital to victory.

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A complimentary copy of this New Needle Protection Plan will be sent you, with our compliments, doctor. Just write your request on your prescription pad. No cost; no obligation. This is just one small way in which we can contribute to the war effort while serving the many thousands of VIM Needle users throughout the nation.

Your copy of the VIM Needle Protection Plan will be sent post-haste upon receipt of your request, doctor—fully illustrated, to show you how to get Longer-Life Usefulness and better performance from VIM Needles.



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in meeting their quotas, while the States with the lowest quotas supplied the highest percentages of their medical manpower.

"The failure of this system to accomplish its purpose cannot be attributed to those operating the Procurement and Assignment Service. Rather, this failure reflects the shortcomings of any system based upon voluntary action in the face of a national emergency. At present it would seem there can be no effective redistribution of physicians, or even selective recruitment for military purposes, unless the power to effect these measures is vested in some Governmental agency. . .

"If such steps are taken, compensation for services rendered

must be equitably adjusted. It is obviously unfair to select arbitrarily one physician for service in the army where he risks his life, while another remains at home and reaps the pecuniary benefits associated with a scarcity of medical care and excess purchasing power. Furthermore, if a physician is taken away from a lucrative practice and placed in a community where financial opportunities are limited, he should be guaranteed an income of at least a reasonable amount.

"It is recognized, of course, that the simple operation of the Selective Service System will not produce the number or kinds of physicians required by the armed services. I will not attempt to say

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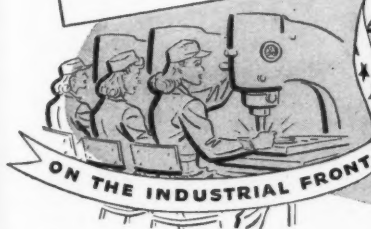
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To Protect America's Woman Power Against Nutritional Anemia, Prescribe COPPER-IRON COMPOUNDS

Iron depends upon copper for maximum utilization in nutritional and secondary anemias. In these days, when women are active with war work as well as with family duties, the use of Foundation-licensed Copper-Iron Compounds seems clearly indicated.

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Faster recovery with higher hemoglobin levels means earlier restoration of the individual to full normal activity and earning power. Shorter period of medication frequently means lower cost. Smaller dosage and concurrent rarity of gastro-intestinal upsets means better patient co-operation.

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If you are not yet using a Foundation-licensed Copper-Iron Compound, consult those of your colleagues who know of the advantages from experience.

This Seal, or the imprinted Foundation Name, assures that licensed Copper-Iron Compounds so identified are approved upon periodic tests.

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how this should be done or how relocation of physicians for civilian duty should be accomplished. It seems evident, however, that special measures, different from any so far adopted, will have to be taken if the primary purposes of procurement and assignment are to be achieved."

—R. L. HALE

Printed Aids for Office

[Continued from page 45]

and stringent wartime credit regulations which affect us all. In order that you may continue to enjoy the convenience of term payments, please make your payments promptly upon receipt of bill. Prompt settlement of bills is a vital way in which you may help win the war."

3. The printer can also help your collections by printing a supply of tracer envelopes for you. These 9½" x 4" envelopes are designed for third-class mailing and are open at one end. They should carry your name and address in the upper left hand corner, along with the words, "Return postage guaranteed." In the lower left hand corner should appear this statement:

"POSTMASTER: If addressee has removed, notify sender on Form 3547 postage for which is guaranteed."

These tracer envelopes may be mailed for 1½ cents if the enclosure is printed matter and not a personal letter. (The credit slip mentioned lends itself to this purpose.)

Any patient who has moved and has left a forwarding address with the post office can be traced if one of the envelopes is sent to his old address. In return for a 2-cent charge, the post office will furnish the new address.

4. Let your printer also make up a quantity of small pads for telephone messages. Thus:

TELEPHONE CALL

Name of caller.....
Number.....
Message.....
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Time received.....

If more than one person takes calls, the slips should always be initialed. It is a good idea to use pads of some bright color, such as orange, as this is hard to overlook on a busy desk. [Turn the page]

There's a waiting place for this Sterilizer in your Office . . .

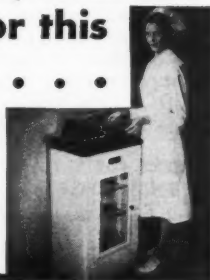
Look around your office, now. Don't you see some old piece that ought to be replaced? This Castle "55" will just fit.

And in your work we know it will have its place because of its safety "Full-Automatic" Control, CAST-IN-BRONZE Boiler, acid-proof china top, glass door and shelves, and silent foot lift. Write

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DO YOU MIND IF I PERCUSS MYSELF, DOCTOR?



I, Swan, would like to thump my chest a bit.

I want to shed all modesty for a moment and tell you that no soap in history ever had a post-natal growth

PURE AS CASTLES



that could compare with mine. Millions and millions of Americans—grown-ups and babies—now use Swan—America's favorite two-year old.

And more physicians are switching to Swan than to any other soap.

It isn't surprising that America has

taken to Swan. Everywhere people have found Swan pure and mild. And tests have borne them out. No soap tested—either castile or floating—is milder or purer than Swan! There are no harmful alkalis, no free fatty acids, no coloring matter, no strong perfume in Swan.

America has also discovered that Swan, first really new floating soap in years, suds faster—especially in hard water. And it's thrifty—more real soap per penny than any leading toilet soap tested.

PERFECT FOR BABIES




Try a cake of Swan today and see if you don't think it's as fine an all-purpose soap as you have ever used—for babies, for grown-ups, for home and professional use.



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All parents want "SAFETY FIRST" for their babies. That's why they buy the BABEE-TENDA Safety Chair—it is low and can't topple over like a high chair and cause serious or fatal accidents. A Safety Halter Strap prevents baby from falling or climbing out. Used indoors and outdoors, folds compactly for travelling. Highly endorsed by the Medical Profession. Endorsements sent upon request. Sold **ONLY** direct to consumer.

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5. Printed slips listing routine directions (with a blank space for special instructions) are convenient for surgical patients after they leave the hospital. The dates on which the patient is to report to you by telephone and in person may be added when he is handed the slip.

6. Last year one doctor I know had his printer make up a quantity of small white cards on which was printed in script, "Wishing you health, happiness, and prosperity in the New Year." He enclosed them with statements mailed Jan. 1. The response in checks, he told me, was much heavier than is usual around the first of the year when most people are swamped with Christmas bills.

These are some of the ways in which your printer can help you. One thing I hope you won't let him do for you is to print thank-you cards for acknowledging reprints and referrals. Printed forms serve a useful and appropriate function when properly employed, but woe betide the office that misuses them!

—MYRNA CHASE

Women Oppose Ban

[Continued from page 49]

conflict," Dr. Daniels explained. Forty women physicians worked as contract surgeons at that time, she recalled, and another 100 worked in the European war zone.

Women's organizations throughout the country are girding for the commission fight. The National Council of Women of the Unit-



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ed States—5,000,000 members—has recommended protest action to its member groups. Recognition is demanded by the General Federation of Women's Clubs, with 2,000,000 members, and the Supreme Forest Woodman Circle, farm women's benefit group of 1,000,000. Protests have been dispatched to Army Surgeon General James C. Magee and Navy Surgeon General Ross T. McIntire by the Associated Women of the American Farm Bureau Federation, representing 550,000 rural women.

To these communications, Rear Admiral McIntire has replied that "there is no shortage of medical officers in the United States Navy at this time. . . so that at present the anticipated needs of the service will be adequately met." Major Gen. Magee has advised at least one famed woman specialist to join the WAAC.

Newspapers are evincing notable interest in the women's cause. Calling WAAC medical commissions a "sop," The New York World-Telegram has opined in an editorial that, "If Surgeon General Magee doesn't realize that his sop is an admission of merit which should logically lead to the granting of medical reserve corps commissions, then we think Secretary of War Stimson should himself

supply the logic and the action.

"Maybe the secretary could get good and convincing advice from his eminent niece, Major Barbara Stimson, valued and commissioned doctor in the Royal Army Medical Corps of our—in this respect—fairer and more discerning ally, Great Britain."

A regional issue with national repercussions was the recent rejection of all women applicants for admission to the freshman class of the University of Arkansas's Medical School. The Arkansas Federation of Business and Professional Women protested immediately to Dr. Byron L. Robinson, dean. Dr. Robinson, chairman of the school's admission committee, denied that it was the school's policy to "take men before women," but said it was done this year "because it was thought men doctors would be more useful in the war effort." Arkansas women M.D.'s snorted.

Women are silently cheering Dr. R. R. Spencer of the National Institute of Health, for urging that women with aptitude be encouraged to earn M.D. degrees.

"I am sorry to say that, as a rule, women have not been encouraged to enter the medical profession," he wrote. "The policy has been shortsighted and a bit ungenerous to those women who have had the

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Treatment of **CONSTIPATION** by mechanical means usually proves effective when habit forming laxatives and cathartics have proven inadequate or not tolerated. Also valuable in **HEMORRHOIDAL** prophylaxis. Set of 4 graduated bakelite dilators, \$3.75 per set. Obtain at your pharmacy or surgical supply dealer. Write for brochure.



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helps bring prompt relief in most cases of digestive upset resulting from an excess of stomach acidity.



POWDER. One level teaspoonful of Bisodol powder is a rational and effective method of reducing gastric hyperacidity. Bisodol provides temporary relief from so-called acid indigestion, and after-meal discomfort associated with heartburn and belching.

Regular size



MINTS. Bisodol is also supplied in mint form, handy for the pocket. Your patients will like the ease with which these pleasant tasting mints can be carried and used for after-meal distress.

30 tablets in the box



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Dependable potency
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Lower toxicity
(better tolerated—less
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NUZINE OINTMENT



—assures prolonged relief in hemorrhoids, pruritus ani and painful anorectal conditions.

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urge to make their social contribution in the field of medicine. . . The time to begin training prospective women physicians is now."

Further statements in the commission controversy can be expected from Washington—if only for the reason that 10,000,000 women can't be left unanswered.

—MAX IMHOFF JR.

Hospitals in Wartime

[Continued from page 51]

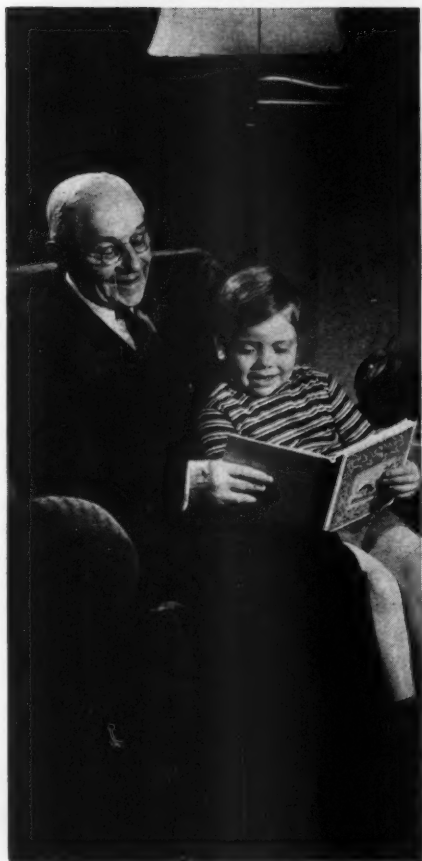
complete the science and classroom work in twenty-four months, leaving the last twelve months free for full-time general duty (Colonel Baehr);

¶Advocated restudy of routine nursing procedures, as demonstrated at the University of Minnesota, where a revision of the preparation for hypodermic medication resulted in an 83 per cent reduction of nursing time required (Sister M. Geraldine, R.N., St. Louis University School of Nursing);

¶Led physicians to conclude that at least for the duration of the present war the only new hospital construction undertaken will be by the Federal Government, that most new buildings will be of the one-story type, and that the relatively high cost of operating such buildings will probably discourage local communities from ever subsequently agreeing to run them (Dr. V. M. Hoge, National Institute of Health);

¶Pointed to the current unavailability of such things as stainless

WHEN YOUNG AND OLD SIT DOWN TOGETHER



As the cycle of living runs its course, we find that the dietary needs of the aging individual tend to return to those of the very young child.

In both age periods the emphasis is toward the kind of food which, while rich in nutritive essentials, is nonetheless light, easily digested and readily assimilated.

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Prepared with either water or milk, Horlick's Fortified

Provides basic nutrition in liquid form

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Recommend HORLICK'S

The Complete Malted Milk—Not Just a Malt Flavoring for Milk.

HORLICK'S

steel, copper, and brass for sterilizer, ward, and kitchen equipment; operating room, laboratory, and X-ray apparatus (except when existing equipment is wholly inadequate or beyond repair); oxygen tents; etc. (Mr. Everett M. Jones, War Production Board);

¶[Revealed that 200 conscientious objectors have been assigned to relieve hospital manpower shortages; hinted that many more of the 5,000 registered objectors in the U.S. may be similarly assigned (Mr. A. S. Imirie, Selective Service System).—T. CORBIN MITCHELL

Equipment Shortage

[Continued from page 38]

though they are permitted to sell used ones.

Before the war, about twenty variations of hemostatic forceps were on the market. Today, manufacturers are standardizing designs, with the result that only about half this number are being produced. Fewer models of scissors are being manufactured, with extra-large ones eliminated altogether. Fewer sizes of hot water

bottles are being made because of the rubber shortage. Fewer varieties of diagnostic instruments, such as otoscopes and laryngoscopes, are being produced. Fewer sizes of needles may be manufactured if the labor supply grows much more critical.

On many items, particularly heavy equipment, physicians must expect to wait a long time for delivery. One dealer said he had been trying for six months to obtain a short-wave unit for one of his customers. It is possible that the time will come when advance orders will be required even on small, commonly-used instruments.

Specifications are more limited on all items. For example, much apparatus normally containing stainless steel is now manufactured with the aid of substitutes. New cases are less fancy than those made before the war, wood having replaced metal in the manufacture of many of them. Most items of professional furniture, such as examination tables and cabinets, are now being manufactured exclusively of wood.

All equipment is under price

Have you tried the new
ANALGESIC OINTMENT with the **WASHABLE BASE**

Salicylic and hyperemic action particularly effective in pain of muscle, nerve, or joint—of congested throat or chest. Clean—stainless—washes off with water. Send for free samples.
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Looking at Alka-Zane from every viewpoint of clinical application, one can readily see how well it fills the role of a well-balanced systemic alkaliizer.

Sodium, potassium, calcium, and magnesium in Alka-Zane are supplied in the readily assimilable form of citrates, carbonates, and phosphates. And it is worth noting that one dose of Alka-Zane affords as much basic calcium as do 12 grains of calcium lactate or 18 grains of calcium gluconate.

Alka-Zane makes a zestful and refreshing drink. Its pleasing taste is especially appreciated when palatability counts most, as in the "morning sickness" of pregnancy. Why not observe the usefulness of Alka-Zane in this, as well as other conditions requiring an alkaliizer, by giving it a trial? We shall gladly send a supply if you will write a request on your letterhead, addressing it to the Department of Professional Service. Alka-Zane is available in bottles of 1½, 4 and 8 ounces.

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GRAND
ANESTHETIC AND ANTISEPTIC
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Blended Anesthetic Action
Rapid and prolonged relief of pain.

Stimulation of Healing
Employs healing action of 10% urea.

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Disintegrates rapidly, mixes with mucous and serous secretions. Does not leak.

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DAILY LOG

ceilings. Although prices for most items are higher than they were three years ago when war broke out, ceilings prevent further increases.

—GEORGE B. FRITZ

Tobacco Stocks

[Continued from page 55]

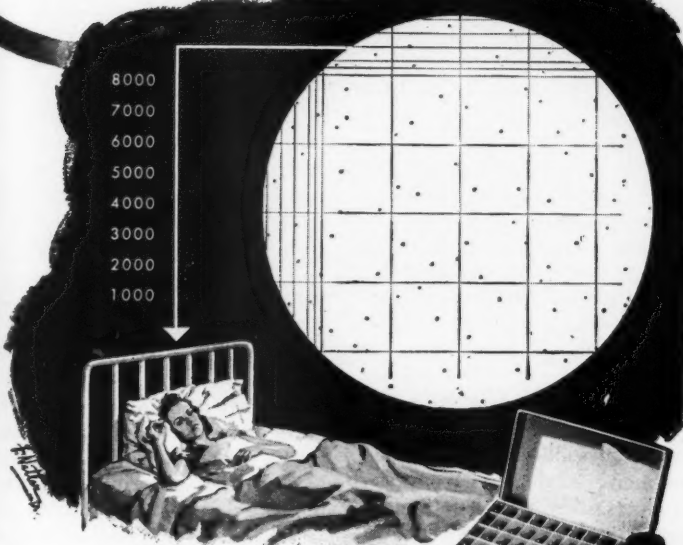
list of companies, including the leading cigarette firms. This business has been declining slowly for many years, with periodic spurts when consumer resentment against new taxes has caused a brief switch to hand-made cigarettes. The use of chewing tobacco has long since fallen off; demand for pipe tobacco has remained relatively stable.

Shares of cigar manufacturers, reflecting the more speculative nature of the business, have not been as popular an investing medium as cigarette stocks. Under ordinary conditions, leading cigarette shares attract a large investment following. Physicians have purchased these stocks on their record of steadily increasing earning power and liberal dividend payments.

The earnings and dividend outlook is not as promising for the near future as it has been in the past, despite continued sales gains. Dividend reductions have been widespread, and added cuts are expected. Further reductions will be moderate for the most part and few, if any, companies will find it necessary to omit all payments.

Unlike many industrial concerns, the tobacco group will not be hurt

In Sulfonamide Therapy when the Leukocytes decline:



Armour

YELLOW BONE MARROW CONCENTRATE

Leukopenia and Agranulocytosis are among the most serious side effects which may mar the happy results of chemotherapy. Preparations of the sulfonamide group as well as the arsphenamines and amidopyrine may depress leukocyte production by the bone marrow. It has been repeatedly emphasized by clinicians, that the white blood count and the percentage of polymorphonuclears should be checked

frequently whenever such preparations are administered. When either of these factors show an ominous drop, the drug should be discontinued and bone marrow stimulation undertaken. In both severe and mild cases, most gratifying results have been reported from the use of ARMOUR YELLOW BONE MARROW CONCENTRATE. The leukocyte count improves and the patient appears brighter almost at once.



DOSAGE: —

In severe cases, one teaspoonful every four hours until a satisfactory response is noted — then reduce accordingly. May be administered mixed with ice cream, malted milk, tomato juice, etc. For milder cases, it is also available in four minim gelatine granules — 2 or 3 granules T. I. D.

THE *Armour*
LABORATORIES.
CHICAGO, ILLINOIS

severely by the excess profits tax. However, higher normal and sur-tax rates, coupled with rising costs and price control, are cutting into profits.

INVENTORY COSTS

Then there is the matter of financing high-cost inventories. The higher costs of leaf tobacco and larger sales volume have depleted cash and increased bank loans. The gain in inventories for the "big three" alone last year was \$82,000,000; and still higher leaf prices probably will require another \$130,000,000 this year.

It takes eighteen months to age leaf properly, so manufacturers normally keep a three-year inventory on hand. Large inventories, however, are not viewed with concern in the trade. They are considered the most important items in the balance sheet, as the growth in such supplies directly reflects the increased demand for tobacco products. Nevertheless, the bank credits and debentures that some of the big companies have had to negotiate this year to finance inventories have tempered hitherto liberal dividend policies.

One brighter aspect of the current outlook is the unlikelihood that this great civilian industry will be forced to restrict production as will so many other peacetime

industries. A long term factor for present holders of these stocks to consider is the fact that sales probably will continue upward after the war, when some of the present profit controls are removed.

Consumption is on a much larger per capita basis now than it was in 1917. It stood at 1,560 cigarettes or 4.6 pounds a person in 1941. Yet it is still about 25 per cent below consumption in England before the war, and is expected to show further gains over and above the normal population growth. —RAYMOND L. HOADLEY

Marin City Plan

[Continued from page 35]

dertaken to provide complete medical, surgical, and hospital care to each resident of Marin City who participates in its plan. The cost to the patient is said to be about half of what government surveys indicate as the national average.

The weekly or monthly medical charges are included in the rental; but as the medical service is voluntary, persons objecting to the cost may have it deducted. Single men pay 60 cents a week; a family of two pays \$4 a month; families of three or more pay \$5.

The housing authority customarily quotes a flat charge that in-

RELAXED COMFORT

Lingering, restful relief for sufferers tormented by symptomatic itching and burning generally follows application of soothingly medicated Resinol. Free from harsh drugs, it is gentle in action and does not interfere with curative therapy. 45 years in service.

Professional sample
on request

RESINOL

Resinol Chemical Co.,
ME-26, Baltimore, Md.

MORALE ENEMY No. 1 . . . AT WORK

INSOMNIA UNDERMINES STAMINA

INSOMNIA, an insidious enemy of morale, may be attacked therapeutically by an attempt to remove its main source of nourishment—*anxiety*.

During these critical days, however, this approach is frequently the most difficult and unrewarding. On the other hand, sound, refreshing sleep may be readily induced in the majority of patients by means of 'Delvinal' Sodium vinbarbital sodium.

'DELVINAL' SODIUM provides a smooth transition from wakefulness to restful sleep. The familiar "drugged" sensation during induction, or "hangover" afterwards, is rarely experienced. Experimental evidence and wide clinical experience have shown that 'Delvinal' Sodium is a highly efficient sedative and hypnotic with a safe therapeutic index, a moderate duration of action, and an exceptionally low incidence of side-effects.

'Delvinal' Sodium is indicated for the relief of functional insomnia and various psychiatric conditions, as well as for preoperative sedation, preanesthetic hypnosis, and obstetric sedation and amnesia.

'Delvinal' Sodium is supplied in three strengths: $\frac{1}{2}$, $1\frac{1}{2}$, and 3 grains.

'DELVINAL' SODIUM

VINBARBITAL SODIUM

Sharp & Dohme
PHILADELPHIA, PA.

cludes rent, utilities, and medical care. Although the latter is completely voluntary, no one thus far has refused it.

When the community is fully occupied, it will have three full-time resident doctors and a staff of nurses. These will operate from a medical center and staff a seventeen-bed infirmary. The CPS will pay the physicians and nurses and will equip the medical center. The infirmary will take care of all ordinary sicknesses locally. Patients requiring extended hospitalization will be sent to institutions in San Francisco.

Doctors provided by the California Physicians' Service will be paid a salary—amounting, it is estimated, to from \$300 to \$600 a month.

Medical men are to be provided on the following basis as the com-

munity develops: One doctor for the first 1,000-2,500 population; two doctors when the population reaches 2,500; three when it reaches 5,000. A population of 7,000 will complete the project.

The Marin City plan is the first of its kind to be sponsored by the California Physicians' Service. Dr. A. E. Larsen, CPS director, told a MEDICAL ECONOMICS reporter last month that it was developed as a result of experience with a test plan in San Diego. The feature of collecting monthly or weekly charges for medical care with the rent is a response to that experience. "Many of the workers are migratory," said Dr. Larsen, "and it soon became evident that some simple method for the advance collection of medical charges must be developed. This is it."

—ELSA GIDLOW

SHARE

Your Christmas Giving
With
The Salvation Army

WRITE

The Salvation Army
Into
Your Will

THE RELIEF ROLE OF "MOIST HEAT"

MANY authorities advise the use of moist heat in the form of poultices for relieving the following symptoms when present in affections of the respiratory system:

- COUGH
- RETROSTERNAL TIGHTNESS
- MUSCULAR AND PLEURITIC PAIN
- SORENESS OF THE CHEST

Antiphlogistine as a medicated

poultice provides a convenient method for applying moist heat for prolonged periods.

Antiphlogistine is valuable as an adjuvant in the symptomatic treatment of Bronchitis, Tracheitis, Chest Colds, Tonsilitis, Pneumonia, Pleurisy.

Antiphlogistine may be used with Chemo-therapy.

Antiphlogistine

Formula: Chemically pure Glycerine 45.000%, Iodine 0.01%, Boric Acid 0.1%, Salicylic Acid 0.02%, Oil of Wintergreen 0.002%, Oil of Peppermint 0.002%, Oil of Eucalyptus 0.002%, Kaolin Dehydrated 54.964%.



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**For Head Colds
and Other Nasal
Conditions**



OLIODIN 

(DeLeaton Nasal Oil)

Contains: Iodine (Uncombined), and
Methyl Salicylate in refined paraffin oil.

Action: Produces a mild hyperemia with an ex-
udate of serum depleting the tissues, improving the
breathing and yet it is soothing to the nose.

Write for samples

THE DE LEATON COMPANY

Capitol Station

Albany, N. Y.

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LIGHT, RHYTHMIC EFFLEURAGE and MINIT-RUB



Speeds Comforting Relief in Peripheral Neuritis

MINIT-RUB and gentle massage act below the skin through reflex action to stimulate impeded circulation. Quick work by MINIT-RUB—counterirritant, analgesic, decongestant—brings soothing, warming and refreshing relief to injured areas. Improvement of blood and lymph flow helps nature's healing task. MINIT-RUB is clean, convenient and economical. Valuable in simple muscular and nerve aches. Relieves certain discomforts of uncomplicated colds such as surface pain in back and chest and the "tightness" due to congestion.

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The Modern Rub-In

STAINLESS • GREASELESS • VANISHING
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19 ME West 50th Street, New York, N. Y.

125

Prescribe Glyco-Thymoline

*... for gentle and
speedy relief of
irritated mucous
membrane.*

In COLDS and Sore Throats



KRESS & OWEN COMPANY
361-363 Pearl Street, New York

Speaking Frankly

[Continued from page 14]

This baggling over commissions and jockeying for preference is not doing the profession any good in the minds of the laity. All doctors owe their present position to our American system, which is now in jeopardy. Their duty is plain. If the physician of military age does not respond to the call of his country, he can be inducted into the armed forces as a private.

Let's have less of the "what's-in-it-for-me?" attitude.

M.D., Idaho

Favors Resettlement

At least for the duration, all civilian doctors within draft age who are not eligible for service with the armed forces (except those declared essential in their own communities) should be assigned to districts which lack sufficient medical facilities.

At the same time, laws now preventing licensed non-citizens and citizens holding foreign medical-school diplomas from obtaining commissions in the medical corps, should be changed at once.

M.D., New York

The government isn't far behind this writer. See "Manpower Board Undertakes to Allocate Civilian Doctors," November M.E.

Pictures in this Issue

Page 36, Ted Leigh, M.D.; 50, R.N. photo by Anne Goodrich, R.N.; 51, (top) Russell Bushnell.

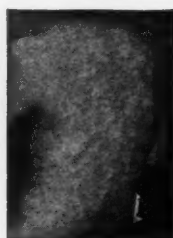
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A typical case study



APRIL 28, 1937



JUNE 17, 1937

Physicians prescribe Mazon
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ECZEMA	PSORIASIS
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and other skin disorders	

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reasons why physicians
prefer Mazon:

NON STAINING ANTI-PRURITIC
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NO BANDAGING ANTI-SEPTIC

Physicians prescribe Mazon because it is simple
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In your next skin case prescribe

MAZON

BELMONT LABORATORIES CO. PHILADELPHIA, PA.



VAGINAL BIOPSY. Second week of 28-day cycle.
Shows normal histological characteristics.

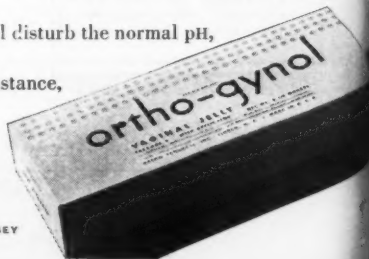


VAGINAL BIOPSY. Third week of 28-day cycle. After
9 mos. daily application of Ortho-Gynol. Vaginal ep-
ithelium of normal thickness. Layers well differentiated.
Submucosa normal. No evidence of inflammation.

Tissue Tolerability

- Ortho-Gynol is non-irritating and non-toxic in long-continued use.

A recently-completed study involving the daily intravaginal application of Ortho-Gynol in 100 normal women over a period of 6 to 11 months, revealed no irritation in any patient. In no instance did Ortho-Gynol disturb the normal pH, glycogen content or bacterial flora. In every instance, the normal histologic characteristics of the mucosa were maintained.



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A SUPPLEMENTAL ALUMINUM THERAPY

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Phosphaljel,* Wyeth's Aluminum Phosphate Gel, was originated by Wyeth and was used experimentally in the first successful attempt to prevent postoperative jejunal ulcer in Mann-Williamson dogs. Some animals were allowed to develop Mann-Williamson ulcers and the effectiveness of Phosphaljel was further demon-

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In man, Phosphaljel was found to be most effective in peptic ulcer following gastrojejunostomy, a condition which appears to be analogous to the Mann-Williamson ulcer in dogs.¹


Phosphaljel contains 4% aluminum phosphate and possesses antacid, astringent and demulcent properties analogous to those of aluminum hydroxide gel.

¹Fanley, G. B.; Freeman, S.; Ivy, A. C.; Atkinson, A. J., and Wigodsky, H. S.: *Aluminum Phosphate in the Therapy of Peptic Ulcer*, *Arch. Int. Med.* 67: 563-578 (March) 1941.

*Reg. U. S. Pat. Off.



PHOSPHALJEL ★
Wyeth's ALUMINUM PHOSPHATE GEL

 Phosphaljel is accepted for use in the treatment of peptic ulcer associated with a relative or absolute deficiency of pancreatic juice, diarrhea or a low phosphorus diet.



*"Kinda got
your measure,
huh, Doctor?"*

LOOKS AS IF you doctors like my Ivory Soap better all the time! How you feel about it *more* than measures up to my expectations . . . lookit: recently every registered physician in America was sent a letter by a leading medical journal. They were asked what brand of soap they advise. And —*more doctors said they advised Ivory for babies and adults than all other brands of soap together!*

Castiles? Can't see 'em at all!

WANTA KNOW WHY? 'Cause they just *can't* match Ivory's uniformly high standard of mildness! That big white cake is ALWAYS the same—always pure, always mild! On the other hand examinations of 44 imported castiles revealed that 42 showed definite traces of rancidity! Irritin' stuff, you know.



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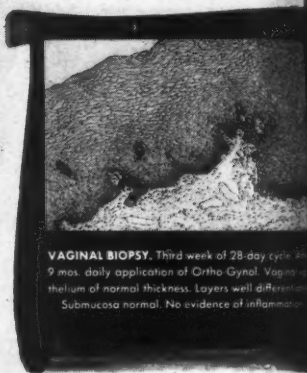
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9

XUM



VAGINAL BIOPSY. Second week of 28-day cycle.
Shows normal histological characteristics.



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